

AGREEMENT

THIS AGREEMENT is made and entered into as of this 1st day of July, 2012, by and between the COUNTY OF SACRAMENTO, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and COUNTY OF EL DORADO, a Political Subdivision of the State of California, hereinafter referred to as "CONTRACTOR".

RECITALS

WHEREAS, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act provides funding to Eligible Metropolitan Grant Areas or Transitional Grant Areas that have been severely affected by the HIV/AIDS epidemic; and

WHEREAS, the designated grantee for the Ryan White CARE Act Part A funds for the Sacramento County Transitional Grant Area (TGA) is the COUNTY; and

WHEREAS, the Ryan White CARE Act funding provides for the development of, and support for, a continuum of services for persons with HIV/AIDS; and

WHEREAS, COUNTY desires to extend certain services to the residents of the County of El Dorado by contracting with CONTRACTOR; and CONTRACTOR is equipped, staffed and prepared to provide such services on the terms and conditions set forth in this Agreement; and

WHEREAS, the Director of the Department of Health and Human Services, or her designee, is authorized to enter into this AGREEMENT with CONTRACTOR pursuant to Sacramento County Resolution No. 2012-0477, approved June 19, 2012; and

WHEREAS, this Agreement is part of a pooled contract authority; and

WHEREAS, pursuant to the resolution cited as providing authority to execute this Agreement, the Director of the Department of Health and Human Services, or her designee, has authority to amend the Agreement for non-monetary changes, to assign, to terminate, or to extend the term of the contract, and to amend the pooled authority Agreements by no more than twenty percent of the pooled contract authority; and

WHEREAS, COUNTY AND CONTRACTOR desire to enter into this Agreement on the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the mutual promises hereinafter set forth, COUNTY and CONTRACTOR agree as follows:

I. SCOPE OF SERVICES

CONTRACTOR shall provide services in the amount, type, and manner described in Exhibit A, which is attached hereto and incorporated herein.

II. TERM

This Agreement shall be effective and commence as of the date first written above and shall end on June 30, 2015.

III. NOTICE

Any notice, demand, request, consent, or approval that either party hereto may or is required to give the other pursuant to this Agreement shall be in writing and shall be either personally delivered or sent by mail, addressed as follows:

TO COUNTY

TO CONTRACTOR

DIRECTOR
Department of Health & Human Services
7001-A East Parkway, Suite 1000
Sacramento, CA 95823-2501

County of El Dorado
3057 Briw Road, Ste. A
Placerville, CA 95667
Attn: Contracts Unit

Either party may change the address to which subsequent notice and/or other communications can be sent by giving written notice designating a change of address to the other party, which shall be effective upon receipt.

IV. COMPLIANCE WITH LAWS

CONTRACTOR shall observe and comply with all applicable federal, state, and county laws, regulations, and ordinances.

V. GOVERNING LAWS AND JURISDICTION

This Agreement shall be deemed to have been executed and to be performed within the State of California and shall be construed and governed by the internal laws of the State of California. Any legal proceedings arising out of or relating to this Agreement shall be brought in Sacramento County, California.

VI. LICENSES, PERMITS, AND CONTRACTUAL GOOD STANDING

- A. CONTRACTOR shall possess and maintain all necessary licenses, permits, certificates, and credentials required by the laws of the United States, the State of California, County of Sacramento, and all other appropriate governmental agencies, including any certification and credentials required by COUNTY. Failure to maintain the licenses, permits, certificates, and credentials shall be deemed a breach of this Agreement and constitutes grounds for the termination of this Agreement by COUNTY.
- B. CONTRACTOR further certifies to COUNTY that it and its principals are not debarred, suspended, or otherwise excluded from or ineligible for, participation in federal, state, or county government contracts. CONTRACTOR certifies that it shall not contract with a subcontractor that is so debarred or suspended.

VII. PERFORMANCE STANDARDS

CONTRACTOR shall perform its services under this Agreement in accordance with the industry and/or professional standards applicable to CONTRACTOR's services. COUNTY may evaluate CONTRACTOR's performance of the scope of services provided in Exhibit A in accordance with performance outcomes determined by COUNTY. CONTRACTOR shall maintain such records concerning performance outcomes as required by COUNTY and provide the records to COUNTY upon request.

VIII. OWNERSHIP OF WORK PRODUCT

All technical data, evaluations, plans, specifications, reports, documents, or other work products developed by CONTRACTOR hereunder shall be the exclusive property of COUNTY and shall be delivered to COUNTY upon completion of the services authorized hereunder. CONTRACTOR may retain copies thereof for its files and internal use. Publication of the information directly derived from work performed or data obtained in connection with services rendered under this Agreement must first be approved in writing by COUNTY. COUNTY recognizes that all technical data, evaluations, plans, specifications, reports, and other work products are instruments of CONTRACTOR's services and are not designed for use other than what is intended by this Agreement.

IX. STATUS OF CONTRACTOR

- A. It is understood and agreed that CONTRACTOR (including CONTRACTOR's employees) is an independent contractor and that no relationship of employer-employee exists between the parties hereto. CONTRACTOR's assigned personnel shall not be entitled to any benefits payable to employees of COUNTY. COUNTY is not required to make any deductions or withholdings from the compensation payable to CONTRACTOR under the provisions of this Agreement; and as an independent contractor, CONTRACTOR hereby indemnifies and holds COUNTY harmless from any and all claims that may be made against COUNTY based upon any contention by any third party that an employer-employee relationship exists by reason of this Agreement.
- B. It is further understood and agreed by the parties hereto that CONTRACTOR in the performance of its obligation hereunder is subject to the control or direction of COUNTY as to the designation of tasks to be performed, the results to be accomplished by the services hereunder agreed to be rendered and performed, and not the means, methods, or sequence used by CONTRACTOR for accomplishing the results.
- C. If, in the performance of this Agreement, any third persons are employed by CONTRACTOR, such person shall be entirely and exclusively under the direction, supervision, and control of CONTRACTOR. All terms of employment,

including hours, wages, working conditions, discipline, hiring, and discharging, or any other terms of employment or requirements of law, shall be determined by CONTRACTOR, and COUNTY shall have no right or authority over such persons or the terms of such employment.

- D. It is further understood and agreed that as an independent contractor and not an employee of County, neither CONTRACTOR nor CONTRACTOR's assigned personnel shall have any entitlement as a COUNTY employee, right to act on behalf of COUNTY in any capacity whatsoever as agent, nor to bind COUNTY to any obligation whatsoever. CONTRACTOR shall not be covered by workers' compensation; nor shall CONTRACTOR be entitled to compensated sick leave, vacation leave, retirement entitlement, participation in group health, dental, life, and other insurance programs, or entitled to other fringe benefits payable by COUNTY to employees of COUNTY.
- E. It is further understood and agreed that CONTRACTOR must issue W-2 and 941 Forms for income and employment tax purposes, for all of CONTRACTOR's assigned personnel under the terms and conditions of this Agreement.

X. CONTRACTOR IDENTIFICATION

CONTRACTOR shall provide COUNTY with the following information for the purpose of compliance with California Unemployment Insurance Code Section 1088.8 and Sacramento County Code Chapter 2.160: CONTRACTOR's name, address, telephone number, social security number or tax identification number, and whether dependent health insurance coverage is available to CONTRACTOR.

XI. COMPLIANCE WITH CHILD, FAMILY, AND SPOUSAL SUPPORT REPORTING OBLIGATIONS

- A. CONTRACTOR's failure to comply with state and federal child, family, and spousal support reporting requirements regarding a contractor's employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment relating to child, family, and spousal support obligations shall constitute a default under this Agreement.
- B. CONTRACTOR's failure to cure such default within ninety (90) days of notice by COUNTY shall be grounds for termination of this Agreement.

XII. BENEFITS WAIVER

If CONTRACTOR is unincorporated, CONTRACTOR acknowledges and agrees that CONTRACTOR is not entitled to receive the following benefits and/or compensation from COUNTY: medical, dental, vision and retirement benefits, life and disability insurance, sick leave, bereavement leave, jury duty leave, parental leave, or any other similar benefits or compensation otherwise provided to permanent civil service employees pursuant to the County Charter, the County Code, the Civil Service Rule, the Sacramento County Employees' Retirement System and/or any and all memoranda of understanding between COUNTY and its employee organizations. Should CONTRACTOR or any employee or agent of CONTRACTOR seek to obtain such benefits from COUNTY, CONTRACTOR agrees to indemnify and hold harmless COUNTY from any and all claims that may be made against COUNTY for such benefits.

XIII. CONFLICT OF INTEREST

CONTRACTOR and CONTRACTOR's officers and employees shall not have a financial interest, or acquire any financial interest, direct or indirect, in any business, property or source of income which could be financially affected by or otherwise conflict in any manner or degree with the performance of services required under this Agreement.

XIV. LOBBYING AND UNION ORGANIZATION ACTIVITIES

- A. CONTRACTOR shall comply with all certification and disclosure requirements prescribed by Section 319, Public Law 101-121 (31 U.S.C. § 1352) and any implementing regulations.
- B. If services under this Agreement are funded with state funds granted to COUNTY, CONTRACTOR shall not utilize any such funds to assist, promote, or deter union organization by employees performing work under this Agreement and shall comply with the provisions of Government Code Sections 16645 through 16649.
- C. If services under this Agreement are funded in whole or in part with Federal funds no funds may be used to support or defeat legislation pending before Congress or any state legislature. CONTRACTOR further agrees to comply with all requirements of the Hatch Act (Title 5 USC, Sections 1501-1508).

XV. NONDISCRIMINATION IN EMPLOYMENT, SERVICES, BENEFITS, AND FACILITIES

- A. CONTRACTOR agrees and assures COUNTY that CONTRACTOR and any subcontractors shall comply with all applicable federal, state, and local anti-discrimination laws, regulations, and ordinances and to not unlawfully discriminate, harass, or allow harassment against any employee, applicant for employment, employee or agent of COUNTY, or recipient of services contemplated to be provided or provided under this Agreement, because of race, ancestry, marital status, color, religious creed, political belief, national origin, ethnic group identification, sex, sexual orientation, age (over 40), medical condition (including HIV and AIDS), or physical or mental disability. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment, the treatment of COUNTY employees and agents, and recipients of services are free from such discrimination and harassment.
- B. CONTRACTOR represents that it is in compliance with and agrees that it will continue to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.), the Fair Employment and Housing Act (Government Code § 12900 et seq.), and regulations and guidelines issued pursuant thereto.
- C. CONTRACTOR agrees to compile data, maintain records, post required notices and submit reports to permit effective enforcement of all applicable anti-discrimination laws and this provision.
- D. CONTRACTOR shall include this nondiscrimination provision in all subcontracts related to this Agreement.

XVI. INDEMNIFICATION

- A. CONTRACTOR shall defend, indemnify, and hold harmless COUNTY, its Board of Supervisors, officers, directors, agents, employees, and volunteers from and against all demands, claims, actions, liabilities, losses, damages, and costs, including payment of reasonable attorneys' fees, arising out of or resulting from the performance of the Agreement, caused in part by the negligent or intentional acts or omissions of CONTRACTOR's officers, directors, agents, employees, or subcontractors.
- B. COUNTY shall defend, indemnify, and hold harmless, CONTRACTOR, its officers, directors, agents, employees, and subcontractors from and against all demands, claims, actions, liabilities, losses, damages, and costs, including payment of reasonable attorneys' fees, arising out of or resulting from the performance of the Agreement, caused in part by the negligent or intentional acts or omissions of COUNTY's Board of Supervisors, officers, directors, agents, employees, or volunteers.
- C. It is the intention of COUNTY and CONTRACTOR that the provisions of this paragraph be interpreted to impose on each party responsibility to the other for the acts and omissions of their respective officers, directors, agents, employees, volunteers, COUNTY's Board of Supervisors, and CONTRACTOR's subcontractors. It is also the intention of COUNTY and CONTRACTOR that, where comparative fault is determined to have been contributory, principles of comparative fault will be followed and each party shall bear the proportionate cost of any damage attributable to the fault of that party, its officers, directors, agents, employees, volunteers, COUNTY's Board of Supervisors, and CONTRACTOR's subcontractors.

XVII. INSURANCE

Each party, at its sole cost and expense, shall carry insurance -or self-insure- its activities in connection with this Agreement, and obtain, keep in force and maintain, insurance or equivalent programs of self-insurance, for general liability, workers compensation, property, professional liability, and business automobile liability adequate to cover its potential liabilities hereunder. Each party agrees to provide the other thirty (30) days' advance written notice of any cancellation, termination, or lapse of any of the insurance or self-insurance coverages. Failure to maintain insurance as required in this Agreement is a material breach of contract and is grounds for termination of the Agreement.

XVIII. INFORMATION TECHNOLOGY ASSURANCES

CONTRACTOR shall take all reasonable precautions to ensure that any hardware, software, and/or embedded chip devices used by CONTRACTOR in the performance of services under this Agreement, other than those owned or provided by COUNTY, shall be free from viruses. Nothing in this provision shall be construed to limit any rights or remedies otherwise available to COUNTY under this Agreement.

XIX. WEB ACCESSIBILITY

CONTRACTOR shall ensure that all web sites and web applications provided by CONTRACTOR pursuant to this Agreement shall comply with COUNTY's Web Accessibility Policy adopted by the Board of Supervisors on February 18, 2003, as well as any approved amendment thereto.

XX. COMPENSATION AND PAYMENT OF INVOICES LIMITATIONS

- A. Compensation under this Agreement shall be limited to the Maximum Total Payment Amount set forth in Exhibit C, or Exhibit C as modified by COUNTY in accordance with express provisions in this Agreement.
- B. CONTRACTOR shall submit an invoice on the forms and in accordance with the procedures prescribed by COUNTY on a monthly basis. Invoices shall be submitted to COUNTY no later than the tenth (10th) day of the month following the invoice period, and COUNTY shall pay CONTRACTOR within thirty (30) days after receipt of an appropriate and correct invoice.
- C. COUNTY operates on a July through June fiscal year. Invoices for services provided in any fiscal year must be submitted no later than July 31, one (1) month after the end of the fiscal year. Invoices submitted after July 31 for the prior fiscal year shall not be honored by COUNTY unless CONTRACTOR has obtained prior written COUNTY approval to the contrary.
- D. CONTRACTOR shall maintain for four (4) years following termination of this Agreement full and complete documentation of all services and expenditures associated with performing the services covered under this Agreement. Expense documentation shall include: time sheets or payroll records for each employee; receipts for supplies; applicable subcontract expenditures; applicable overhead and indirect expenditures.
- E. In the event CONTRACTOR fails to comply with any provisions of this Agreement, COUNTY may withhold payment until such non-compliance has been corrected.

XXI. LEGAL TRAINING INFORMATION

If under this Agreement CONTRACTOR is to provide training of County personnel on legal issues, then CONTRACTOR shall submit all training and program material for prior review and written approval by County Counsel. Only those materials approved by County Counsel shall be utilized to provide such training.

XXII. SUBCONTRACTS, ASSIGNMENT

- A. CONTRACTOR shall obtain prior written approval from COUNTY before subcontracting any of the services delivered under this Agreement. CONTRACTOR remains legally responsible for the performance of all contract terms including work performed by third parties under subcontracts. Any subcontracting will be subject to all applicable provisions of this Agreement. CONTRACTOR shall be held responsible by COUNTY for the performance of any subcontractor whether approved by COUNTY or not.
- B. This Agreement is not assignable by CONTRACTOR in whole or in part, without the prior written consent of COUNTY.

XXIII. AMENDMENT AND WAIVER

Except as provided herein, no alteration, amendment, variation, or waiver of the terms of this Agreement shall be valid unless made in writing and signed by both parties. Waiver by either party of any default, breach, or condition precedent shall not be construed as a waiver of any other default, breach, or condition precedent, or any other right hereunder. No interpretation of any provision of this Agreement shall be binding upon COUNTY unless agreed in writing by DIRECTOR and counsel for COUNTY.

XXIV. SUCCESSORS

This Agreement shall bind the successors of COUNTY and CONTRACTOR in the same manner as if they were expressly named.

XXV. TIME

Time is of the essence of this Agreement.

XXVI. INTERPRETATION

This Agreement shall be deemed to have been prepared equally by both of the parties, and the Agreement and its individual provisions shall not be construed or interpreted more favorably for one party on the basis that the other party prepared it.

XXVII. DIRECTOR

As used in this Agreement, "DIRECTOR" shall mean the Director of COUNTY, Department of Health and Human Services, or his/her designee.

XXVIII. DISPUTES

In the event of any dispute arising out of or relating to this Agreement, the parties shall attempt, in good faith, to promptly resolve the dispute mutually between themselves. Pending resolution of any such dispute, CONTRACTOR shall continue without delay to carry out all its responsibilities under this Agreement unless the Agreement is otherwise terminated in accordance with the Termination provisions herein. COUNTY shall not be required to make payments for any services that are the subject of this dispute resolution process until such dispute has been mutually resolved by the parties. If the dispute cannot be resolved within 15 calendar days of initiating such negotiations or such other time period as may be mutually agreed to by the parties in writing, either party may pursue its available legal and equitable remedies, pursuant to the laws of the State of California. Nothing in this Agreement or provision shall constitute a waiver of any of the government claim filing requirements set forth in Title 1, Division 3.6, of the California Government Code or as otherwise set forth in local, state and federal law.

XXIX. TERMINATION

- A. Either party may terminate this Agreement without cause upon thirty (30) days' written notice to the other party. Notice shall be deemed served on the date of mailing. If notice of termination for cause is given by COUNTY to CONTRACTOR and it is later determined that CONTRACTOR was not in default or the default was excusable, then the notice of termination shall be deemed to have been given without cause pursuant to this paragraph (A).
- B. COUNTY may terminate this Agreement for cause immediately upon giving written notice to CONTRACTOR should CONTRACTOR materially fail to perform any of the covenants contained in this Agreement in the time and/or manner specified. In the event of such termination, COUNTY may proceed with the work in any manner deemed proper by COUNTY. If notice of termination for cause is given by COUNTY to CONTRACTOR and it is later determined that CONTRACTOR was not in default or the default was excusable, then the notice of termination shall be deemed to have been given without cause pursuant to paragraph (A) above.
- C. COUNTY may terminate or amend this Agreement immediately upon giving written notice to CONTRACTOR, 1) if advised that funds are not available from external sources for this Agreement or any portion thereof, including if distribution of such funds to the COUNTY is suspended or delayed; 2) if funds for the services and/or programs provided pursuant to this Agreement are not appropriated by the State; 3) if funds in COUNTY's yearly proposed and/or final budget are not appropriated by COUNTY for this Agreement or any portion thereof; or 4) if funds that were previously appropriated for this Agreement are reduced, eliminated, and/or re-allocated by County as a result of mid-year budget reductions.
- D. If this Agreement is terminated under paragraph A or C above, CONTRACTOR shall only be paid for any services completed and provided prior to notice of termination. In the event of termination under paragraph A or C above, CONTRACTOR shall be paid an amount which bears the same ratio to the total compensation authorized by the Agreement as the services actually performed bear to the total services of CONTRACTOR covered by this Agreement, less payments of compensation previously made. In no event, however, shall COUNTY pay CONTRACTOR an amount which exceeds a pro rata portion of the Agreement total based on the portion of the Agreement term that has elapsed on the effective date of the termination.
- E. CONTRACTOR shall not incur any expenses under this Agreement after notice of termination and shall cancel any outstanding expense obligations to a third party that CONTRACTOR can legally cancel.

XXX. REPORTS

CONTRACTOR shall, without additional compensation therefore, make fiscal, program evaluation, progress, and such other reports as may be reasonably required by DIRECTOR concerning CONTRACTOR's activities as they affect the contract duties and purposes herein. COUNTY shall explain procedures for reporting the required information.

XXXI. AUDITS AND RECORDS

Upon COUNTY's request, COUNTY or its designee shall have the right at reasonable times and intervals to audit, at CONTRACTOR's premises, CONTRACTOR's financial and program records as COUNTY deems necessary to determine CONTRACTOR's compliance with legal and contractual requirements and the correctness of claims submitted by CONTRACTOR. CONTRACTOR shall maintain such records for a period of four (4) years following termination of the Agreement, and shall make them available for copying upon COUNTY's request at COUNTY's expense. COUNTY shall have the right to withhold any payment under this Agreement until CONTRACTOR has provided access to CONTRACTOR's financial and program records related to this Agreement.

XXXII. PRIOR AGREEMENTS

This Agreement constitutes the entire contract between COUNTY and CONTRACTOR regarding the subject matter of this Agreement. Any prior agreements, whether oral or written, between COUNTY and CONTRACTOR regarding the subject matter of this Agreement are hereby terminated effective immediately upon full execution of this Agreement.

XXXIII. SEVERABILITY

If any term or condition of this Agreement or the application thereof to any person(s) or circumstance is held invalid or unenforceable, such invalidity or unenforceability shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition, or application; to this end the terms and conditions of this Agreement are declared severable.

XXXIV. FORCE MAJEURE

Neither CONTRACTOR nor COUNTY shall be liable or responsible for delays or failures in performance resulting from events beyond the reasonable control of such party and without fault or negligence of such party. Such events shall include but not be limited to acts of God, strikes, lockouts, riots, acts of war, epidemics, acts of government, fire, power failures, nuclear accidents, earthquakes, unusually severe weather, acts of terrorism, or other disasters, whether or not similar to the foregoing, and acts or omissions or failure to cooperate of the other party or third parties (except as otherwise specifically provided herein).

XXXV. SURVIVAL OF TERMS

All services performed and deliverables provided pursuant to this Agreement are subject to all of the terms, conditions, price discounts and rates set forth herein, notwithstanding the expiration of the initial term of this Agreement or any extension thereof. Further, the terms, conditions, and warranties contained in this Agreement that by their sense and context are intended to survive the completion of the performance, cancellation, or termination of this Agreement shall so survive.

XXXVI. DUPLICATE COUNTERPARTS

This Agreement may be executed in duplicate counterparts. The Agreement shall be deemed executed when it has been signed by both parties.

XXXVII. AUTHORITY TO EXECUTE

Each person executing this Agreement represents and warrants that he or she is duly authorized and has legal authority to execute and deliver this Agreement for or on behalf of the parties to this Agreement. Each party represents and warrants to the other that the execution and delivery of the Agreement and the performance of such party's obligations hereunder have been duly authorized.

XXXVIII. DRUG FREE WORKPLACE

If the contract is funded in whole or in part with State funds the CONTRACTOR shall comply, and require that its Subcontractors comply, with Government Code Section 8355. By executing this contract Contractor certifies that it will provide a drug free workplace pursuant to Government Code Section 8355.

XXXIX. LIMITED ENGLISH PROFICIENCY

To ensure equal access to quality care by diverse populations, CONTRACTOR shall:

- A. Promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with clients and each other in a culturally diverse work environment.
- B. Have a comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.
- C. Develop and implement a strategy to recruit, retain and promote qualified, diverse and culturally competent administrative, clinical, and support staff that are trained and qualified to address the needs of the racial and ethnic communities being served.
- D. Require and arrange for ongoing education and training for administrative, clinical, and support staff in culturally and linguistically competent service delivery.
- E. Provide all clients with limited English proficiency access to bilingual staff or interpretation services.
- F. Provide oral and written notices, including translated signage at key points of contact, to clients in their primary language informing them of their right to receive no-cost interpreter services.
- G. Translate and make available signage and commonly-used written client educational material and other materials for members of the predominant language groups in the service area.
- H. Ensure that interpreters and bilingual staff can demonstrate bilingual proficiency and receive training that includes the skills and ethics of interpreting, and knowledge in both languages of the terms and concepts relevant to clinical or non-clinical encounters. Family or friends are not considered adequate substitutes because they usually lack these abilities.
- I. Ensure that the clients' primary spoken language and self-identified race/ethnicity are included in the provider's management information system as well as any client records used by provider staff.

XL. CHARITABLE CHOICE 42 CFR PART 54

CONTRACTOR certifies that if it identified as a faith-based religious organization, and receives direct funding of substance abuse prevention and treatment services under the Substance Abuse Prevention and Treatment Block Grant (SAPT), the Projects for Assistance in Transition from Homelessness (PATH) formula grant program, Substance Abuse and Mental Health Services Administration (SAMSHA), or Temporary Assistance to Needy Families (TANF) discretionary grants that:

1. CONTRACTOR shall adhere to the requirements contained in Title 42, Code of Federal Regulations (CFR) Part 54;
2. CONTRACTOR's services shall be provided in a manner consistent with the Establishment Clause and the Free Exercise Clause of the First Amendment of the United States Constitution (42 CFR § 54.3);
3. If CONTRACTOR offers inherently religious activities, they shall be provided separately, in time or location, from the programs or services for which the organization receives funds from federal, state, or local government sources. Participation in religious activities must be voluntary for program beneficiaries (42 CFR § 54.4);
4. CONTRACTOR shall not expend any federal, state, or local government funds to support any inherently religious activities such as worship, religious instruction, or proselytization (42 CFR § 54.5);
5. CONTRACTOR shall not, in providing program services or engaging in outreach activities under applicable programs, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice (42 CFR § 54.7);

6. CONTRACTOR shall inform program beneficiaries that they may refuse to participate in any religious activities offered by CONTRACTOR;
7. CONTRACTOR shall inform program beneficiaries that, if they object to the religious character of the program, they have the right to a referral to an alternate service provider to which they have no objections (42 CFR § 54.8); and,
8. CONTRACTOR shall, within a reasonable time of learning of a beneficiary's objection to the religious character of the program, refer the program beneficiary to an alternate service provider (42 CFR § 54.8).

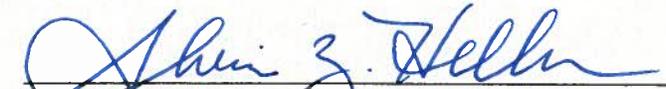
If 42 U.S.C. 2000e-1 regarding employment practices is applicable to this Agreement, it shall supersede 42 CFR § 54.7 to the extent that 42 CFR § 54.7 conflicts with 42 U.S.C. 2000e-1.

XLI. ADDITIONAL PROVISIONS

The additional provisions contained in Exhibits A, B, C, D, E, F, G and Attachments A and B attached hereto are part of this Agreement and are incorporated herein by reference.

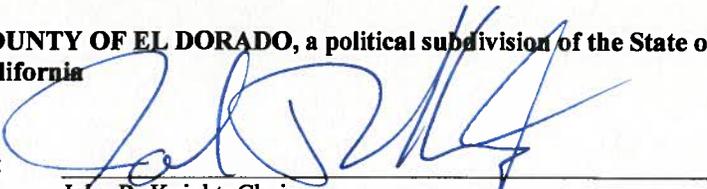
IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed as of the day and year first written above.

COUNTY OF SACRAMENTO, a political subdivision of the State of California

By: 
 Tracy L. Bennett, Acting Director
 Department of Health and Human Services, "COUNTY"
 Approval delegated pursuant to Sacramento County
 Code Section 2.61.012 (h)

Date: 1-4-13

COUNTY OF EL DORADO, a political subdivision of the State of California

By: 
 John R. Knight, Chair
 County of El Dorado Board of Supervisors
 "CONTRACTOR"

Date: 8/21/12

94-6000511
 Contractor's Social Security or Employer's Tax Identification Number

Attest:
 Terri Daly, Acting
 Clerk of the Board of Supervisors


 Deputy Clerk

Date: 8/21/12

CONTRACT AND CONTRACTOR TAX STATUS
REVIEWED AND APPROVED BY COUNTY COUNSEL

By:  _____ Date: 10.5-12 _____

**EXHIBIT A to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR**

SPECIAL PROVISIONS

The Special Provisions listed below shall apply to Exhibits A-1 through A-6 of this Agreement.

I. SERVICE LOCATION

Facility Name: Sierra Foothills AIDS Foundation
Street Address: 550 Pleasant Valley Road, Suite 2E
City and Zip Code: Diamond Springs, CA 95619

II. SERVICE PERFORMANCE MONITOR

Name and Title: Senior Health Program Coordinator (Adrienne Rogers)
Organization: County of Sacramento Department of Health and Human Services
Division of Public Health
Ryan White CARE Program
Street Address: 7001-A East Parkway, Suite 600
City and Zip Code: Sacramento, CA 95823

III. CONTRACTOR CONTRACT ADMINISTRATOR

The El Dorado County officer or employee responsible for administering this Agreement is:

Name and Title: Michael Ungeheuer, RN, MN, PHN, Community Public Health Nursing Manager
Organization: County of El Dorado Health and Human Services Agency – Public Health Division
Street Address: 931 Spring Street, Suite 3
City and Zip Codes: Placerville, CA 95667

IV. SPECIAL PROVISIONS

A. County Residency

1. Only residents of the Sacramento Transitional Grant Area (TGA) which encompasses Sacramento, El Dorado, and Placer Counties qualify for services funded by this Agreement. A person qualifies as a Sacramento TGA resident if he/she is currently staying in Sacramento, El Dorado, or Placer County with the intent to remain and live in one of the specified counties. Any person who comes to the Sacramento TGA for the express purpose of qualifying to receive the services described in this Agreement and intends to leave the qualifying county after receipt of services is not considered a resident.
2. Proof of Sacramento TGA residency can be established by the following:
 - a) Any bill or correspondence current to within the previous two weeks showing the individual’s name and a Sacramento, El Dorado, or Placer County address.
 - b) A written statement by homeless shelter staff verifying that the individual has been in shelter residence in Sacramento, El Dorado, or Placer County continuously for the previous two weeks.
 - c) A current State issued identification card reflecting Sacramento, El Dorado, or Placer County residency.
 - d) Other reliable evidence that establishes Sacramento, El Dorado, or Placer County residency.

B. Contractor Manual

1. CONTRACTOR shall keep an up-to-date copy of the *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual* on site.
 2. CONTRACTOR shall comply with all applicable sections of the *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual*.
- C. CONTRACTOR shall establish, maintain, and document referral relationships with entities in the TGA that provide HIV testing in order to facilitate rapid referral of and access to care for individuals testing positive for HIV as required by HRSA guidelines.

**EXHIBIT A-1 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR**

**SCOPE OF SERVICES
AMBULATORY/OUTPATIENT MEDICAL CARE**

I. PROGRAM DESCRIPTION

- A. Type of Program: Provision of comprehensive, high quality, client-centered, timely, and cost-effective primary ambulatory/outpatient medical services to HIV+ persons at all stages of disease.
- B. Population: HIV+ adults that reside in the Sacramento TGA as described in Exhibit A of this Agreement and qualify for Ryan White CARE Program services. The primary focus is on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s).
- C. Length of Treatment: Ambulatory/outpatient medical care services will terminate upon the client's voluntary departure, death, or by termination on the part of CONTRACTOR. Termination will only be used as a last resort. Alternatives to termination, including conflict resolution and mediation, will be sought. Behavior that is threatening, violent, or endangers self or others will not be tolerated and shall be grounds for termination from the program.

II. SERVICES

CONTRACTOR shall:

- A. Maintain and enhance the individual health care of HIV+ persons by providing ambulatory/outpatient medical care services. Ambulatory/outpatient medical services shall include the following services:
 1. Lab visits.
 2. Primary care visits with a HIV health care provider.
 3. Specialty care visits with medical specialists at other health care providers.
 4. Medication adherence sessions as part of medical visits.
- B. Perform an intake process for each client meeting eligibility criteria for Ryan White services and shall reassess each client's eligibility for Ryan White funds every six months as required by HRSA. The intake process shall include determining the client's eligibility for Ryan White funded services, completing the Ryan White Intake Form, and providing the client with an orientation to CONTRACTOR's services. The intake process shall be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of lack of funding or available staff. Clients placed on a waiting list shall be provided with referrals to alternate Ryan White agencies if alternatives exist, and all waiting lists shall be reported to the Service Performance Monitor at the mandatory Service Provider Caucus meetings. Once funding or staff becomes available, clients placed on the waiting list shall be seen in order of need.
- C. Establish and implement policies and procedures which:
 1. Ensure that referred clients receive timely, effective, and quality ambulatory/outpatient medical care services that meets his/her special needs.
 2. Incorporate and ensure compliance with ethical standards as established for all health care providers and legal standards as defined by federal and state governments regulating confidentiality (Civil Codes 38.1, 38.2, 38.3, Evidence Code 1012).
 3. Incorporate and ensure, to the extent possible, adherence to established HIV clinical practice standards and the most current Center for Disease Control (CDC) recommendations and guidelines for the treatment of HIV/AIDS located on the internet at: <http://www.cdc.gov/hiv/topics/treatment/guidelines.htm>.

- D. Maintain an individual medical file for each client that contains documentation of all services provided, appropriate signed release of information forms, documentation of referrals to PCRS when appropriate, and case notes documenting client contact and resource and referral follow-up.
- E. Comply with "SSC 05 Eligibility & Fees for Ryan White Part A and S.A.M. Services" found in CONTRACTOR's *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual*.
- F. Document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.
- G. Track and trend the following:
 - 1. The number of hospital admissions as a ratio of the annual unduplicated caseload.
 - 2. The number of emergency room visits as a ratio of the annual unduplicated caseload.
 - 3. CD4 counts and viral load counts as a ratio of the annual unduplicated caseload.
 - 4. Death rates per year as a percentage of annual unduplicated clients.

III. OUTCOMES

CONTRACTOR shall use best efforts to achieve the outcomes:

- A. 100% of client case files will contain properly documented and/or charted on-going medical care.
- B. 95% of clients who remain in care and report opportunistic infections will receive screening and treatment.
- C. 100% of primary care services offered will meet applicable Center for Disease Control (CDC) recommendations and guidelines for the treatment of HIV/AIDS located on the internet at:
<http://www.cdc.gov/hiv/topics/treatment/guidelines.htm>.
- D. 70% of clients will receive a minimum of three primary care visits per year that include a CD4 count, viral load test, or antiretroviral therapy (ART).
- E. 60% of clients on HAART therapy will show improved or stable CD4 and viral load counts.

**EXHIBIT A-2 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR**

**SCOPE OF SERVICES
MEDICAL CASE MANAGEMENT**

I. PROGRAM DESCRIPTION

- A. Type of Service: Provision of medical case management services.
- B. Population: HIV+ men, women, children, and transsexuals that reside in the Sacramento TGA as described in Exhibit A of this Agreement and qualify for Ryan White CARE Program services.
- C. Goal: The desired outcome of this program is to improve the overall health and well being of persons living with HIV/AIDS (PLWH/A) in the Sacramento TGA by ensuring that all the client's medical and psychosocial concerns are being adequately addressed within a medical case management system.
- D. Length of Treatment: Medical case management services will terminate upon the client's voluntary departure, death, or by termination on the part of CONTRACTOR. Termination will only be used as a last resort. Alternatives to termination, including conflict resolution and mediation, will be sought. Behavior that is threatening, violent, or endangers self or others will not be tolerated and shall be grounds for termination from the program.

II. SERVICES

CONTRACTOR shall:

- A. Provide medical case management services that include but are not limited to a range of client-centered services that link clients with health care, psychosocial, and other services to ensure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, and ongoing assessment of the client's and other family members' needs and personal support systems.
- B. Evaluate each client's eligibility for CONTRACTOR's medical case management services. Clients who do not meet CONTRACTOR's eligibility criteria for medical case management services will be referred to other providers that can meet their medical case management needs.
- C. Provide medical case management services that are operated in compliance with "SSC 01 Medical Case Management Service Standards for Persons Living with HIV/AIDS", as found in CONTRACTOR's *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual*.
- D. Perform an intake process for each client meeting eligibility criteria for Ryan White services and shall reassess each client's eligibility for Ryan White funds every six months as required by HRSA. The intake process shall include determining the client's eligibility for Ryan White funded services, completing the Ryan White Intake Form, and providing the client with an orientation to CONTRACTOR's services. The intake process shall be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of lack of funding or available staff. Clients placed on a waiting list shall be provided with referrals to alternate Ryan White agencies if alternatives exist, and all waiting lists shall be reported to the Service Performance Monitor at the mandatory Service Provider Caucus meetings. Once funding or staff becomes available, clients placed on the waiting list shall be seen in order of need.
- E. Offer to conduct the intake process at the client's home or at a site more accessible for the client when conducting field-based medical case management services.
- F. Perform an assessment, during the initial intake process, of the medical and psychosocial needs of the client using "SSC 01 Medical Case Management Service Standards for Persons Living with HIV/AIDS" found in CONTRACTOR's *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual* as a guide to determine appropriate services and/or resource referrals.

- G. Conduct a face-to-face interview, during the initial intake process, with the client to develop a comprehensive individualized Care Plan that prioritizes client needs, identifies resources necessary to meet those needs, and documents mutually agreed upon goals. The specific number of medical case management sessions with the client will be tailored by the CONTRACTOR to each individual client's needs based upon the results of the assessment and Care Plan. Each Care Plan shall be updated a minimum of once every six months.
- H. Make referrals to the most appropriate resources to meet needs prioritized in the client's Care Plan.
- I. Document referrals and provide follow-up action to ensure that services are provided.
- J. Maintain an individualized case file for each client that contains documentation of all services provided, appropriate signed release of information forms, and case notes documenting client contact and resource and referral follow-up.
- K. Document and track all service provision to clients through the SEMAS web-based database in order to identify clients who may withdraw from care.
- L. Deliver services according to "SSC 01 Medical Case Management Service Standards for Persons Living with HIV/AIDS" and "SSC 05 Eligibility & Fees for Ryan White Part A and S.A.M. Services" found in CONTRACTOR's *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual*.

III. OUTCOMES

CONTRACTOR shall use best efforts to achieve the following outcomes:

- A. 100% of clients will have received an assessment of medical and psychosocial needs, which determined appropriate resource referrals.
- B. 100% of clients will have an up-to-date Care Plan that prioritizes the client's needs and identifies goals to meet those needs.
- C. 100% of client case files will contain documentation of assistance provided and properly charted on-going medical care.
- D. 100% of clients will be reassessed for eligibility for Ryan White funds at six-month intervals, as required by HRSA.
- E. 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.
- F. 70% of unduplicated clients will maintain/achieve their individual care plan objectives as measured over twelve months.
- G. 70% of clients receiving medical case management services will maintain routine medical care at a minimum of three primary care visits per year that include a CD4 count, viral load test, or antiretroviral therapy (ART).

**EXHIBIT A-3 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR**

**SCOPE OF SERVICES
MENTAL HEALTH TREATMENT SERVICES**

I. PROGRAM DESCRIPTION

- A. Type of Service: Provision of the following outpatient mental health services: Crisis intervention sessions, individual evaluation and assessment sessions, and individual counseling sessions.
- B. Population: HIV+ adults and family members, significant others, and caregivers of HIV+ persons that reside in the Sacramento TGA as described in Exhibit A of this Agreement and qualify for Ryan White CARE Program services. The primary focus is on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s).
- C. Goal: The desired outcome is to maintain HIV+ adults in the lowest level of mental health care possible while improving their ability to enter into and remain in medical care.
- D. Length of Treatment: The length/duration of mental health treatment services shall be determined by the individualized needs of each client and in accordance with his/her Care Plan. There are no minimum/maximum levels or amounts of mental health services required. However, CONTRACTOR shall provide clinically appropriate levels of mental health services in accordance with Title IX of the California Code of Regulations and shall strive to maintain and/or improve the client's well being, stability in the community, and reduce the need for inpatient hospitalization.

II. SERVICES

CONTRACTOR shall:

- A. Provide individualized therapeutic interventions including crisis intervention sessions, individual evaluation and assessment sessions, and individual counseling sessions that address the presenting problem and mental health diagnosis of the referred client as evidenced by client chart documentation and internal utilization review.
- B. Establish and implement policies and procedures which:
 - 1. Ensure that referred clients receive timely, effective, and quality mental health services that meet his/her special needs.
 - 2. Incorporate and ensure compliance with ethical standards as established by all mental health disciplines (e.g. social workers, counselors, psychologists) and legal standards as defined by federal and state governments regulating confidentiality (Civil Codes 38.1, 38.2, 38.3, Evidence Code 1012).
- C. Establish and implement clinical oversight and monitoring systems which:
 - 1. Address treatment issues, discharge planning, and scope of practice.
 - 2. Ensure that client cases and documentation of cases are opened and closed in a timely and appropriate manner.
 - 3. Include regular internal utilization review meetings by which charts/documentation of referred clients are thoroughly reviewed by agency staff.
- D. Ensure quality care by providing agency staff with on-going training and supervision.

- E. Develop a Care Plan for each client which, as evidenced by client chart documentation and internal utilization review:
 - 1. Meets the individualized needs of the referred client.
 - 2. Addresses the client's presenting issues and mental health diagnosis
 - 3. Includes client involvement.
- F. Provide appropriate referrals and linkages to other county and community based services for clients who do not meet criteria, that are transitioning out of services, that require services beyond the scope of the CONTRACTOR, or when clinically appropriate
- G. Ensure interagency coordination, communication, and/or collaboration of services with other agencies with which the referred client is involved as evidenced by client chart documentation and internal utilization review.
- H. Provide culturally competent services by:
 - 1. Employing staff that provides multi-cultural representation at all levels.
 - 2. Providing services to referred clients in a manner that is sensitive and responsive to racial, ethnic, linguistic, and cultural differences as evidenced by client chart documentation and internal utilization review.
- I. Provide services at hours that are convenient for and acceptable to the referred client.
- J. Mental health treatment services shall include, but not be limited to:
- K. Perform an intake process for each client meeting eligibility criteria for Ryan White services and shall reassess each client's eligibility for Ryan White funds every six months as required by HRSA. The intake process shall include determining the client's eligibility for Ryan White funded services, completing the Ryan White Intake Form, and providing the client with an orientation to CONTRACTOR's services. The intake process shall be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of lack of funding or available staff. Clients placed on a waiting list shall be provided with referrals to alternate Ryan White agencies if alternatives exist, and all waiting lists shall be reported to the Service Performance Monitor at the mandatory Service Provider Caucus meetings. Once funding or staff becomes available, clients placed on the waiting list shall be seen in order of need.
- L. Provide mental health treatment services to eligible non-infected individuals. Non-infected individuals may qualify for CONTRACTOR's mental health services in limited situations, if these services have at least an indirect benefit to a person with HIV infection.
- M. Use "SSC 14 Mental Health Services" as amended and found in CONTRACTOR's Ryan White Care Program Sacramento TGA Contractor's Orientation Manual to determine eligibility for non-infected individuals.
- N. Perform an assessment, during the initial intake process, of medical and psychosocial needs of the client using "SSC 14 Mental Health Services" as amended and found in CONTRACTOR's Ryan White Care Program Sacramento TGA Contractor's Orientation Manual to determine appropriate services and/or resource referrals.
- O. Meet all Ryan White program staffing requirements. Staff clinicians who provide mental health services shall meet all licensure and certification requirements as established by the State of California, Board of Behavioral Sciences. Registered interns may provide services if they have appropriate supervision by mental health professionals licensed within the State of California to provide mental health services and are employed directly by the CONTRACTOR. It is understood that clinicians knowledgeable of HIV+ clients will provide mental health services.
- P. Document assessments, client plans, and progress notes, which accurately represent the mental health service provided and client progress.
- Q. Comply with "SSC 14 Mental Health Services" and "SSC 05 Eligibility & Fees for Ryan White Part A and S.A.M. Services" as amended and found in CONTRACTOR's *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual*.

- R. Document and track all service provision to clients through the SEMAS web-based database in order to identify clients who may withdraw from care.

III. OUTCOMES

CONTRACTOR shall use best efforts to achieve the following outcomes:

- A. 100% of clients will be reassessed for eligibility for Ryan White funds at six-month intervals, as required by HRSA.
- B. 100% of clients will complete a pre-survey prior to or on their first mental health appointment with the CONTRACTOR or if the person is a continuing client they will complete a pre-survey on their first appointment of each C.A.R.E. Program year commencing March 1.
- C. 100% of clients will complete a post-survey at the time they complete treatment with the CONTRACTOR or if they are long-term ongoing clients, annually at the end of each C.A.R.E. Program year on February 28 or at the time they complete treatment with the CONTRACTOR, whichever event comes first.
- D. 100% of client survey responses will be reported to the Service Performance Monitor.
- E. 100% of clients who do not have an identified primary care provider at the time of intake will receive a referral and access an appropriate physician or clinic during the contract year.
- F. 60% of HIV+ clients who receive mental health services will report increased functionality within 90 days of start of treatment.

**EXHIBIT A-4 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR**

**SCOPE OF SERVICES
SUPPORT SERVICE - MEDICAL TRANSPORTATION**

I. PROGRAM DESCRIPTION

- A. Type of Service: Provision of medical transportation services.
- B. Population: Persons living with HIV/AIDS that reside in the Sacramento TGA as described in Exhibit A of this Agreement and qualify for Ryan White CARE Program services. The primary focus is on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s).
- C. Goal: Desired outcome is to provide basic medical transportation services to persons living with HIV/AIDS (PLWH/A) in the Sacramento TGA and to improve their ability to enter into and/or remain in primary medical care.

II. SERVICES

CONTRACTOR shall:

- A. Maintain and enhance individual health care by providing medical transportation services to PLWH/A in the Sacramento TGA.
- B. Establish and implement policies and procedures to ensure that the referred client receives timely, effective, and quality medical transportation services that meet their individual needs as determined by a Care Plan developed by a Ryan White CARE Program funded case management agency in the Sacramento TGA. Exceptions: Clients receiving volunteer-based transportation services do not require case management participation.
- C. Comply with "SSC 11 Medical Transportation Services" and "SSC 05 Eligibility & Fees for Ryan White Part A and S.A.M. Services," available at the following website:
http://www.sacramento-tga.com/uploads/3/8/1/0/3810919/section_11_-_service_standards_-_quality_advisory_committee.pdf
- D. Ensure medical transportation services facilitate access to primary medical care, promote continuity of care, and remove major barriers that prevent PLWH/A from accessing needed primary medical care. It is the intent of these services to improve the quality of life of PLWH/A in the Sacramento TGA.
- E. Perform an intake process for each client meeting eligibility criteria for Ryan White services and shall reassess each client's eligibility for Ryan White funds every six months as required by HRSA. The intake process shall include determining the client's eligibility for Ryan White funded services, completing the Ryan White Intake Form, and providing the client with an orientation to CONTRACTOR's services. The intake process shall be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of lack of funding or available staff. Clients placed on a waiting list shall be provided with referrals to alternate Ryan White agencies if alternatives exist, and all waiting lists shall be reported to the Service Performance Monitor at the mandatory Service Provider Caucus meetings. Once funding or staff becomes available, clients placed on the waiting list shall be seen in order of need.
- F. Provide a minimum level of transportation services as follows. Conveyance services provided to a client in order to access medical care or HIV related psychosocial services and medical transportation to basic local, state, and federal entitlement program facility sites within the Sacramento TGA only. Conveyance may be provided through joint-agency arrangement for volunteer-based transportation services, routinely or on an emergency basis via bus passes, or as a last resort, and clearly documented as an immediate need, taxicab services through an appropriate vendor.
- G. Document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.
- H. Document all other resources available to client and other private and community resources attempted and/or accessed prior to using Ryan White funds (i.e. payer of last resort).

III. OUTCOMES

CONTRACTOR shall use best efforts to achieve the outcomes:

- A. 100% of client case files will contain properly documented and/or charted:
 - 1. Intake process and proof of need.
 - 2. Signed release of information forms.
 - 3. Client contact, resource referrals, and case notes.
 - 4. On-going medical care.
- B. 100% of clients will be reassessed for eligibility for Ryan White funds at six-month intervals, as required by HRSA.
- C. 100% of clients will have an up-to-date Care Plan developed by a Ryan White CARE Program funded medical case management agency in the Sacramento TGA. Exceptions: Clients receiving volunteer-based transportation services do not require case management participation
- D. 100% of clients will be offered an array of transportation service options to overcome barriers to accessing primary medical care contingent upon available funding.
- E. 70% of clients receiving transportation assistance will maintain routine medical care at a minimum of three primary care visits per year that include a CD4 count, viral load test, or antiretroviral therapy (ART).
- F. 75% of clients showing evidence of need for transportation services will receive transportation for HIV/AIDS related care appointments contingent upon available funding.

**EXHIBIT A-5 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR**

**SCOPE OF SERVICES
EMERGENCY FINANCIAL ASSISTANCE**

I. PROGRAM DESCRIPTION

- A. Type of Service: Provision of emergency financial assistance.
- B. Population: Persons living with HIV/AIDS that reside in the Sacramento TGA as described in Exhibit A of this Agreement and qualify for Ryan White CARE Program services. The primary focus is on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s).
- C. Goal: The desired outcome is to provide basic emergency financial assistance to persons living with HIV/AIDS (PLWH/A) in the Sacramento TGA and to improve their ability to enter into and/or remain in primary medical care.

II. SERVICES

CONTRACTOR shall:

- A. Maintain and enhance individual health care by providing emergency financial assistance to PLWH/A in the Sacramento TGA.
- B. Establish and implement policies and procedures that ensure that the referred client receives timely and effective emergency financial assistance that meets their individual needs as determined by a Care Plan developed by a Ryan White CARE Program funded case management agency in the Sacramento TGA
- C. Emergency financial assistance is designed to promote quality of life and remove major barriers that prevent PLWH/A from accessing needed primary medical care in order to facilitate access to primary medical care and to promote continuity of care.
- D. Perform an intake process for each client meeting eligibility criteria for Ryan White services and shall reassess each client's eligibility for Ryan White funds every six months as required by HRSA. The intake process shall include determining the client's eligibility for Ryan White funded services, completing the Ryan White Intake Form, and providing the client with an orientation to CONTRACTOR's services. The intake process shall be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of lack of funding or available staff. Clients placed on a waiting list shall be provided with referrals to alternate Ryan White agencies if alternatives exist, and all waiting lists shall be reported to the Service Performance Monitor at the mandatory Service Provider Caucus meetings. Once funding or staff becomes available, clients placed on the waiting list shall be seen in order of need.
- E. Make referrals to the most appropriate resources to meet the needs prioritized in the client's Care Plan, document referrals, and provide follow-up action to ensure that referred services were/are provided.
- F. Document all other resources available to client and other private and community resources attempted and/or accessed prior to using Ryan White funds (i.e. payer of last resort).
- G. Document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.
- H. Provide a minimum level of other critical needs as follows. Services developed to meet the needs of clients not listed in other support service categories, such as short-term direct emergency financial assistance for health insurance premiums and other critical needs. Payment on behalf of client shall be made directly to the provider of said assistance or need. Ryan White CARE Program funded clients shall not receive any direct financial assistance payments

- I. Comply with “SSC 04 Support Services”, SSC 10 Utilities Assistance”, and “SSC 05 Eligibility & Fees for Ryan White Part A and S.A.M. Services” found in CONTRACTOR’s *Ryan White Care Program Sacramento TGA Contractor’s Orientation Manual*.

III. OUTCOMES

CONTRACTOR shall use best efforts to achieve the following outcomes:

- A. 100% of clients will have an up-to-date Care Plan developed by a Ryan White CARE Program funded medical case management agency in the Sacramento TGA.
- B. 100% of clients will be offered emergency financial assistance to overcome barriers to accessing primary medical care contingent upon available funding.
- C. 100% of clients will be reassessed for eligibility for Ryan White funds at six-month intervals, as required by HRSA.
- D. 100% of client case files will contain properly documented and/or charted:
 1. Intake process and proof of need (e.g. copy of utility/telephone cut-off notice/bill, vendor invoice, etc.) and receipts for vendor paid services (rental agreement, lease, etc.),
 2. Signed release of information forms.
 3. Client contact, resource referrals, and case notes.
 4. On-going medical care.
- E. 70% of emergency financial assistance clients will maintain routine medical care at a minimum of three primary care visits per year that include a CD4 count, viral load test, or antiretroviral therapy (ART).

**EXHIBIT A-6 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR**

**SCOPE OF SERVICES
ORAL HEALTH CARE**

I. PROGRAM DESCRIPTION

- A. Type of Service: Provision of oral health care such as diagnostic, prophylactic, and therapeutic services by licensed dentists, dental hygienists, dental assistants, and other appropriately licensed or certified professional practitioners.
- B. Population: People living with HIV/AIDS (PLWH/A) that reside in the Sacramento TGA as described in Exhibit A of this Agreement and qualify for Ryan White CARE Program services. The primary focus is on PLWH/A that need improvement in dental health.
- C. Length of Treatment: Length of treatment will be determined based on the diagnostic assessment of the client by a licensed dentist of emergency oral health care required and authorized under the current adopted "Part A - Ryan White HIV Dental Program Operations Manual" attached hereto as Attachment A.

II. SERVICES

CONTRACTOR shall:

- A. Maintain and enhance individual health care by providing oral health care to PLWH/A in the Sacramento TGA.
- B. Establish and implement policies and procedures that ensure referred clients receive timely, effective, and quality oral health care that meets his/her special needs.
- C. Establish and implement policies and procedures that incorporate and ensure compliance of ethical standards as established for all health care providers and legal standards as defined by federal and state governments regulating confidentiality (Civil Codes 38.1, 38.2, 38.3, Evidence Code 1012).
- D. Provide access to oral health care for PLWH/A in the Sacramento TGA. Oral health care shall be limited to the services listed in the "Sacramento TGA Oral Health Care Fee Schedule" attached hereto as Attachment B.
- E. Perform an intake process for each client meeting eligibility criteria for Ryan White services and shall reassess each client's eligibility for Ryan White funds every six months as required by HRSA. The intake process shall include determining the client's eligibility for Ryan White funded services, completing the Ryan White Intake Form, and providing the client with an orientation to CONTRACTOR's services. The intake process shall be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of lack of funding or available staff. Clients placed on a waiting list shall be provided with referrals to alternate Ryan White agencies if alternatives exist, and all waiting lists shall be reported to the Service Performance Monitor at the mandatory Service Provider Caucus meetings. Once funding or staff becomes available, clients placed on the waiting list shall be seen in order of need.
- F. Document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.
- G. Comply with "SSC 03 Dental Services" and "SSC 05 Eligibility & Fees for Ryan White Part A and S.A.M. Services" found in CONTRACTOR's *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual*.
- H. Conduct a client satisfaction survey to monitor the perception of quality through the consumer's perspective. This survey will be conducted once per contract year according to a schedule determined by the Ryan White CARE Program.

- I. Improve client's dental health. The number of clients who receive actual definitive or emergency treatment will be used as an indicator to measure the improvement in dental health. Clients who receive diagnostic services, and who do not return for preventative or restorative services, will not be considered as having an improvement in their dental health. Clients that receive any type of definitive therapy, including emergency care for the relief of pain or infection, will have been considered to have benefited or experienced an improvement in their dental health.

III. OUTCOMES

CONTRACTOR shall use best efforts to achieve the outcomes:

- A. 100% of active clients will be reassessed for eligibility for Ryan White funds at six-month intervals, as required by HRSA.
- B. 100% of dental client's on-going medical care and dental care will be documented and charted in their case file.
- C. 100% of dental clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.
- D. 70% of dental clients will maintain routine medical care of a minimum of three primary care visits per year that include a CD4 count, viral load test, or antiretroviral therapy (ART).
- E. 60% of clients receiving oral health care will report improved oral health through self-report.

**EXHIBIT B to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY",
and COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR"**

INSURANCE REQUIREMENTS FOR CONTRACTORS

Each party, at its sole cost and expense, shall carry insurance -or self-insure- its activities in connection with this Agreement, and obtain, keep in force and maintain, insurance or equivalent programs of self-insurance, for general liability, workers compensation, property, professional liability, and business automobile liability adequate to cover its potential liabilities hereunder. Each party agrees to provide the other thirty (30) days' advance written notice of any cancellation, termination, or lapse of any of the insurance or self-insurance coverages. Failure to maintain insurance as required in this Agreement is a material breach of contract and is grounds for termination of the Agreement.

**EXHIBIT C to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR**

BUDGET REQUIREMENTS

This contract was awarded according to Request For Proposal (RFP) No. DPH/020.

I. MAXIMUM PAYMENT TO CONTRACTOR

- A. The Maximum Total Payment Amount under this pooled Agreement is **\$9,908,070.00**.
- B. CONTRACTOR shall receive payment for services rendered in the order that CONTRACTOR's claim is received by COUNTY. If COUNTY determines that the total amount of claims received from all Ryan White Care Program Pool providers exceeds **\$9,908,070.00** during the fiscal year, COUNTY shall notify CONTRACTOR immediately of this fact by certified mail. Upon receipt of such notification, CONTRACTOR shall be under no further obligation to provide any additional services under the Agreement.
- C. CONTRACTOR understands and agrees that COUNTY's obligation to pay for any services rendered by CONTRACTOR pursuant to this Agreement shall be limited to paying claims submitted by CONTRACTOR in the order received until the total allocation of **\$9,908,070.00** as referenced above is exhausted. Once said amount is exhausted, CONTRACTOR shall not be entitled to any payment for any services rendered pursuant to this Agreement, regardless of whether or not CONTRACTOR has received the notice specified in subdivision B. of this section.

II. BUDGET AND NEGOTIATED RATES

- A. CONTRACTOR shall be eligible for reimbursement only for those services described in this Agreement up to the amount and according to the rates specified in this Agreement and in the Contractor Budget agreed upon in writing by CONTRACTOR and the COUNTY. The aforementioned Contractor Budget is herein incorporated by reference.
- B. The Contractor Budget may be revised as needed when the CONTRACTOR and COUNTY sign and date a new Contractor Budget.

III. CLAIMS FOR PAYMENT

CONTRACTOR shall submit a monthly claim on the forms and in accordance with the procedures prescribed by Sacramento County Department of Health and Human Services, Ryan White Program. Unless otherwise provided, claims shall be submitted to COUNTY no later than the tenth (10th) day of the month following the claim period, and COUNTY shall reimburse CONTRACTOR within thirty (30) days after receipt of an appropriate and correct claim.

EXHIBIT D to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR"

ADDITIONAL PROVISIONS

I. LAWS, STATUTES AND REGULATIONS

CONTRACTOR shall abide by all applicable State, Federal and County laws, statutes, and regulations including but not limited to the provisions of the Federal Ryan White CARE Act of 1990 (Public Law 101-381), as amended by the Ryan White CARE Act Amendments of 1996 (Public Law 104-146) and the Ryan White CARE Act Amendments of 2000 (Public Law 106-345), attached hereto as Exhibit F, and 45 CFR Part 74 or 45 CFR Part 92, as applicable.

II. LICENSING, CERTIFICATION AND STAFFING

- A. CONTRACTOR warrants that it and all its employees have all necessary licenses and/or permits required by the laws of the United States, the State of California, Sacramento County and all other appropriate governmental agencies, and agrees to maintain these licenses and permits in effect for the duration of this Agreement. Failure to maintain all the licenses and permits shall be deemed a breach of this Agreement and constitutes grounds for termination of this Agreement by COUNTY.
- B. CONTRACTOR shall make available to COUNTY, on request of DIRECTOR, a list of the persons who will provide services under this Agreement. The list shall state the name, title, professional degree, licensure, and certification, and work experience of such persons.

III. OPERATION AND ADMINISTRATION

- A. Unless expressly identified in the budget set forth in Exhibit "C", CONTRACTOR agrees to furnish at no additional expense to COUNTY all space, facilities, equipment, and supplies necessary for proper provision of services under this Agreement.
- B. CONTRACTOR, if incorporated, shall operate according to the provisions of its Articles of Incorporation and By-Laws. Said documents and any amendments thereto shall be maintained and retained by CONTRACTOR and made available for review or inspection by DIRECTOR at reasonable times during normal business hours.
- C. Upon request, CONTRACTOR shall forward to the DIRECTOR copies of its notices of meetings, minutes and public information which are material to the performance of this Agreement. When issuing statements, press releases, requests for proposals, bid solicitations and other documents funded in whole or in part with Federal money, CONTRACTORS receiving Federal funds shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program, and (3) the percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

IV. GRIEVANCES

CONTRACTOR agrees to provide a system through which recipients of service shall have the opportunity to express and have considered their views, grievances, and complaints regarding the delivery of services. Agency grievance policies and procedures must be prominently posted at each agency. Consumers are to be furnished with a copy of said procedures upon request.

V. CONFIDENTIALITY

- A. CONTRACTOR is subject to, and agrees to comply and require his or her employees to comply with, the provisions of Sections 5328 and 10850 and 17006 of the Welfare and Institutions Code, Division 19-000 of the State of California Department of Social Services Manual of Policies and Procedures, Code of Federal Regulations Title 42, Chapter I, Part 2, and all other applicable laws and regulations to assure that:

1. All applications and records concerning an individual made or kept by CONTRACTOR, COUNTY, or any public officer or agency in connection with the Welfare and Institutions Code relating to any form of public social services or health services provided under this Agreement shall be confidential and shall not be open to examination for any purpose not directly connected with the administration of such public social or health services.
 2. No person will publish or disclose, or use or cause to be published, disclosed, or used, any confidential information pertaining to an applicant or recipient of services. Applicant and recipient records and information shall not be disclosed by CONTRACTOR to third parties without COUNTY'S consent or the consent of the applicant/recipient.
- B. CONTRACTOR agrees to inform all of his/her employees, agents, subcontractors and partners of the above provision and that knowing and intentional violation of the provisions of said State law is a misdemeanor.

VI. QUALITY ASSURANCE AND PROGRAM REVIEW

- A. CONTRACTOR shall permit, at any reasonable time, personnel designated by DIRECTOR to come on CONTRACTOR's premises for the purpose of making periodic inspections to evaluate the effectiveness of the services rendered pursuant to this Agreement. At reasonable times during normal business hours, COUNTY or DIRECTOR and/or their appropriate audit agency or designee shall have the right to inspect or otherwise evaluate the cost, quality, appropriateness and timeliness of services performed and to audit and inspect any books and records of CONTRACTOR which pertain to services performed and determination of amount payable under this Agreement. CONTRACTOR shall furnish DIRECTOR with such information as may be required to evaluate fiscal and program effectiveness of the services being rendered.
- B. CONTRACTOR shall also use evaluation questionnaires or other tools supplied by the COUNTY for the purpose of evaluation of client satisfaction of services provided.
- C. CONTRACTOR shall integrate service directives and/or service standards adopted by the HIV Health Services Planning Council into existing program models. If applicable, these directives and/or service standards will be furnished to the CONTRACTOR along with this Agreement. The CONTRACTOR may request an exemption from certain provisions of the Council service directives and/or standards. The COUNTY, as Fiscal Agent of the Sacramento Region EMA, retains discretionary authority to approve or deny requests for any exemption. All exemption requests, with narrative justification, must be submitted in writing in advance of anticipated need.

VII. RECORDS

A. Client Records:

1. CONTRACTOR shall maintain adequate client records on each individual client that includes diagnostic studies (when applicable), records of client interviews, progress notes, and records of services provided by the various professional and paraprofessional personnel in sufficient detail to permit an evaluation of services. Such records shall comply with all applicable Federal, State and COUNTY record maintenance requirements.
2. CONTRACTOR will maintain a completed Ryan White Intake Form for all non-anonymous clients in each client case file.
3. CONTRACTOR will track and report needs of clients, including documentation of any needs that are not provided for by funding under Title I/II of the Ryan White CARE Act.
4. CONTRACTOR shall maintain documentation in client case files that funds are not utilized to make payments for any item or service to the extent that payment has been made, with respect to that item or service by any other source of funds. Ryan White Title I and Title II-funded services are considered "Payer of Last Resort".

B. Financial Records:

CONTRACTOR shall maintain complete financial records that clearly reflect the actual cost of and related fees and reimbursements received for each type of service for which payment is claimed. The client eligibility determination and the fees charged to, and collected from clients shall also be reflected therein. Any apportionment of costs shall be made in accordance with generally accepted accounting principles.

VIII. REPORTS

- A. CONTRACTOR shall provide to COUNTY, to the satisfaction of the DIRECTOR, program budget expenditures, an accompanying budget narrative, the units of service with a description and reference to the appropriate Ryan White Service Code describing such service, and planned number of unduplicated persons to be served. Final negotiated program budgets must be submitted to the COUNTY by no later than 60 days after execution of this Agreement.
- B. CONTRACTOR will comply with all HRSA, State Office of AIDS and Fiscal Agent reporting requirements in a timely manner as specified by the COUNTY, as the Fiscal Agent of the Sacramento EMA. COUNTY shall explain procedures for reporting the required information.

IX. EQUIPMENT OWNERSHIP

- A. All equipment and products purchased by CONTRACTOR under this Agreement must be American-made.
- B. COUNTY shall have and retain ownership and title to all equipment purchased by CONTRACTOR under this Agreement.
- C. CONTRACTOR shall furnish, and amend as necessary, a list of all equipment purchased under this Agreement together with the bills of sale and any other documents as may be necessary to show clear title and reasonableness of the purchase price. The equipment list shall specify the quantity, name, description, purchase price, and date of purchase of all equipment. CONTRACTOR shall make all equipment available to COUNTY during normal business hours for Sacramento County Identification Number tagging or inventory. CONTRACTOR shall deliver all equipment to COUNTY upon termination of this Agreement.

X. STAFF TRAINING AND EDUCATION

CONTRACTOR shall provide and document AIDS and cultural competency training to staff and have documentation available for COUNTY inspection upon request. In addition, other specialized and required COUNTY training (i.e., Mandatory Technical Assistance Workshops) will be provided in cooperation with the Ryan White CARE Program.

XI. AUDIT/REVIEW REQUIREMENTS

- A. OMB Circular A-133 requirements for Non-Profit, Governmental Agency and School District Contractors
OMB Circular A-133 requires that non-profit organizations, governmental agencies and school districts that expend \$500,000 or more (from all Federal sources) in a year in Federal Awards shall have an annual single or program specific Audit in accordance with the Circular's requirements and that the Audit, including required forms, be provided to the Federal clearinghouse designated by the OMB. CONTRACTOR must also simultaneously submit 3 copies of the required Audit and forms to DIRECTOR as described in paragraph E of this section. The Catalog of Federal Domestic Assistance number (CFDA#) and related required information shall be included in the Audit. The CFDA # and the required related information for the funds contained in this contract are provided in Exhibit E. Audits shall be supplied by the due dates discussed in paragraph E of this section.
- B. COUNTY Requirements for Non-Profit, For-Profit, Governmental and School District Contractors
In addition to the OMB requirements of paragraph A of this section, COUNTY requires CONTRACTOR to provide an annual Audited or Reviewed financial statement as follows:
 1. Annual Audited financial statements and accompanying Auditor's report and notes is required from CONTRACTOR when DHHS has awarded contracts totaling \$200,000 or more for any twelve month period. The Audited financial statement shall be prepared in accordance with Generally Accepted Accounting Principles (GAAP) and the Audit shall be performed by an independent Certified Public Accountant in accordance with Generally Accepted Auditing Standards (GAAS).
 2. Annual Reviewed financial statements are required from CONTRACTOR when DHHS has awarded contracts totaling less than \$200,000, but more than \$25,000 for any twelve month period. The Reviewed financial statement shall be prepared by an independent Certified Public Accountant in accordance with Statements on Standards for Accounting and Review Services issued by the AICPA. Audited financial statements may be substituted for Reviewed financial statements.
- C. Term of the Audit or Review
The Audit(s) or Review(s) shall cover the entire term of the contract(s). If CONTRACTOR'S fiscal year is different than the contract term, multiple Audits or Reviews shall be required, in order to cover the entire term of the contract.

D. Termination

If the Agreement is terminated for any reason during the contract period, the Audit or Review shall cover the entire period of the Agreement for which services were provided.

E. Submittal and Due Dates for Audits or Reviews

CONTRACTOR shall provide to COUNTY three copies of the Audit or Review, as required in this section, due six months following the end of CONTRACTOR'S fiscal year. Audit or Review shall be sent to:

Director
County of Sacramento
Department of Health of Human Services
7001 -A East Parkway, Suite 1000C
Sacramento, CA 95823

F. Request for Extension of Due Date

CONTRACTOR may request an extension of the due date for the Audit or Review in writing. Such request shall include the reason for the delay, a specific date for the extension and be sent to:

Director
County of Sacramento
Department of Health of Human Services
7001 -A East Parkway, Suite 1000C
Sacramento, CA 95823

G. Deficiencies

Should any deficiencies be noted in the Audit or Review CONTRACTOR must submit an Action Plan with the Audit or Review detailing how the deficiencies will be addressed.

H. Overpayments

Should any overpayment of funds be noted in the Audit or Review, CONTRACTOR shall reimburse COUNTY the amount of the overpayment within 30 days of the date of the completion of the Audit or Review.

XII. CLAIMS FOR PAYMENT

- A. During the term of this Agreement, COUNTY shall, except as herein provided, make provisional payments for services rendered during the preceding month upon the receipt of claims submitted by CONTRACTOR. CONTRACTOR shall submit a monthly claim on the forms and in accordance with the procedures prescribed by the COUNTY Ryan White CARE Program. Unless otherwise provided, claims shall be submitted to COUNTY no later than the tenth (10th) day of the month following the claim period, and COUNTY shall reimburse CONTRACTOR within 30 days after receipt of an appropriate and correct claim, except that DIRECTOR may withhold a percentage of the final claim until receipt by DIRECTOR of a complete and accurate final cost report.
- B. Format or other changes may be made by COUNTY to claim forms from time to time as needed and furnished to CONTRACTOR for billing purposes. All claims shall clearly reflect and in reasonable detail give information regarding the services for which the claim is being made. CONTRACTOR and COUNTY agree that COUNTY may withhold payment until receipt of billing in the prescribed detail and format.
- C. It is understood that the validity of such monthly claims, in terms of their compliance with Federal and State Title I and Title II regulations, is subject to the review of the Federal, State and COUNTY government and that COUNTY will be making payments on said claims in advance of said review and approval by the Federal government or the State, and in advance of other reimbursement by the Federal or State governments to COUNTY for sums expended thereunder. In the event that COUNTY is not reimbursed by the Federal or State government for any amount it has paid to CONTRACTOR hereunder, CONTRACTOR shall reimburse COUNTY in the amount of such overpayment within thirty (30) days or, at the sole discretion of DIRECTOR, COUNTY may withhold such amounts from any payments due under this Agreement or any successor Agreement.
- D. It is understood that any records of revenues or expenditures under this contract may be subject to compliance with Federal or State regulations, and may be audited by the appropriate Federal, State or COUNTY agency. In the event of audit disallowance of any claimed cost that is subject to compliance with State or Federal regulations, COUNTY shall not be liable for lost revenue resulting there from.

- E. If a post-Agreement audit, conducted in accordance with standard accounting procedures, finds that the actual aggregate costs for all services furnished pursuant to this Agreement are lower than the payments made by the COUNTY, or if any payments made by COUNTY are not reimbursable in accordance with the terms of the Ryan White CARE Program reporting system, HRSA regulations regarding the use of Ryan White Title I funds, or the State Office of AIDS regulations regarding the use of Title II funds, the difference shall be repaid by CONTRACTOR forthwith by cash payment or at the sole discretion of DIRECTOR as a credit on future billings. If such post-Agreement audit finds that the actual cost of any services furnished hereunder are higher than the payments made by COUNTY for that service, then the difference will not be paid to CONTRACTOR.
- F. In the event of termination of this Agreement prior to specified duration or in the event of non-renewal of contract services between CONTRACTOR and COUNTY, CONTRACTOR shall, within 30 days of termination of this Agreement, declare to COUNTY any and all accounts receivables and assign to COUNTY billings to all clients and/or payers for services rendered clients for which claims have been or are being made to COUNTY for reimbursement.

XIII. AMENDMENTS

- A. DIRECTOR may execute an amendment to this Agreement provided that:
 - 1. An increase in the maximum contract amount resulting from the amendment does not exceed the Director's delegated authority under Sacramento County Code Section 2.61.100 (c) or any amount specified by Board of Supervisor's resolution for amending this Agreement, whichever is greater; and
 - 2. Funding for the increased contract obligation is available within the Department's allocated budget for the fiscal year.
- B. The budget attached to this Agreement as Exhibit C is subject to revision by COUNTY upon written notice by COUNTY to CONTRACTOR as provided in this Agreement. Upon notice, CONTRACTOR shall adjust services accordingly and shall within thirty (30) days submit to DIRECTOR a revised budget. Said budget revision shall be in the form and manner prescribed by DIRECTOR and, when approved in writing, shall constitute an amendment to this Agreement.
- C. The budget attached to this Agreement as Exhibit C may be modified by CONTRACTOR making written request to DIRECTOR and written approval of such request by DIRECTOR. Approval of modifications requested by CONTRACTOR is discretionary with DIRECTOR. Said budget modification shall be in the form and manner prescribed by DIRECTOR and, when approved, shall constitute an amendment to this Agreement.

XIV. BASIS FOR ADVANCE PAYMENT

- A. This Agreement allows for advance payment when CONTRACTOR submits a request in writing, and request is approved in writing by DIRECTOR or DIRECTOR'S designee.
- B. If DIRECTOR finds both that CONTRACTOR requires advance payment in order to perform the services required by this Agreement and that the advance payment will not create an undue risk that payment will be made for services which are not rendered, DIRECTOR, or DIRECTOR'S designee, may authorize, in her/his sole discretion, an advance in the amount not to exceed ten percent (10%) of the "Net Budget/Maximum Payment to CONTRACTOR" as indicated in Exhibit C.
- C. In the case of Agreements with multiple-year terms, DIRECTOR or DIRECTOR'S designee may authorize annual advances of not more than ten percent (10%) of the "Net Budget/Maximum Payment to CONTRACTOR" for each fiscal year as indicated in the Exhibit C.
- D. CONTRACTOR'S written request for advance shall include a detailed written report substantiating the need for such advance payment, and such other information as DIRECTOR or DIRECTOR'S designee may require.
- E. All advanced funds shall be offset against reimbursement submitted during the fiscal year, beginning with the third month of the fiscal year.
- F. The COUNTY reserves the right to withhold the total advance amount from any invoice.
- G. These provisions apply unless specified otherwise in Exhibit C of this Agreement.

XV. ELECTRONIC CAPABILITY

- A. CONTRACTOR shall establish and maintain the ability to send and receive electronic (e-mail) communications with the COUNTY. CONTRACTOR shall provide the COUNTY with current primary contact information, including e-mail addresses.
- B. CONTRACTOR shall submit computerized monthly invoices processed using one of the following software programs: Word Perfect; Word for Windows; Excel; Access; or Ryan White Careware.

XVI. CONTINUUM OF CARE RELATIONSHIPS

- A. CONTRACTOR shall participate in the development of the Continuum of Care, including participation in the development of a Comprehensive Plan for the Eligible Metropolitan Area (EMA). This process will also require establishment and maintenance of cooperative working relationships with Ryan White Title I/II and other service providers within the region's Continuum of Care.
- B. CONTRACTOR shall establish, maintain and document referral relationships with entities in the area served that constitute key points of entry to the health care system for individuals with HIV disease. Within the Sacramento EMA, these key points of entry include, but are not limited to, the Center for AIDS Research, Education and Services (CARES), University of California Davis Medical Center, local hospital emergency rooms, HIV disease counseling and testing sites, substance abuse and mental health treatment programs, detoxification centers, detention facilities, clinics regarding sexually transmitted diseases, homeless shelters, federally qualified health centers, and public health departments.
- C. CONTRACTOR will conduct outreach efforts to reach low-income HIV+ individuals and inform them of service availability. Special emphasis will be placed on techniques to reach individuals who know their HIV+ status but are not currently in care.

**EXHIBIT E to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR"**

SCHEDULE OF FEDERAL FUNDS

- I. If box is checked, there are **no Federal funds in this contract.**
- II. If box is checked, there are **Federal funds in this contract.**
- III. Federal funding details for this contract shall be included in the Contractor Budget agreed upon in writing by CONTRACTOR and the COUNTY. The aforementioned Contractor Budget is herein incorporated by reference.
- IV. CONTRACTOR shall comply with the requirements of the Single Audit Act Amendments of 1996 and OMB Circular A-133, in addition to COUNTY audit requirements for the purposes of contract monitoring as stated in Exhibit D of this agreement, as applicable.

**EXHIBIT F to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR"**

**THE RYAN WHITE TREATMENT MODERNIZATION ACT:
A COMPILATION OF
THE RYAN WHITE CARE ACT OF 1990 (Pub. L. 101-381),
AS AMENDED BY THE RYAN WHITE CARE ACT AMENDMENTS OF 1996 (Pub. L. 104-146),
AND THE RYAN WHITE CARE ACT AMENDMENTS OF
2000 (Pub. L. 106-345), 2006 (Pub. L. 109-415), and 2009 (Pub. L. 111-87)**

RYAN WHITE TREATMENT MODERNIZATION ACT OF 2006

An Act

To amend title XXVI of the Public Health Service Act to revise and extend the program for providing life-saving care for those with HIV/AIDS. <<NOTE: Dec. 19, 2006 - [H.R. 6143]>>

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, <<NOTE: Ryan White HIV/AIDS Treatment Modernization Act of 2006.>>

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) <<NOTE: 42 USC 201 note.>> Short Title.--This Act may be cited as the ``Ryan White HIV/AIDS Treatment Modernization Act of 2006''.

(b) Table of Contents.--The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I--EMERGENCY RELIEF FOR ELIGIBLE AREAS

- Sec. 101. Establishment of program; general eligibility for grants.
- Sec. 102. Type and distribution of grants; formula grants.
- Sec. 103. Type and distribution of grants; supplemental grants.
- Sec. 104. Timeframe for obligation and expenditure of grant funds.
- Sec. 105. Use of amounts.
- Sec. 106. Additional amendments to part A.
- Sec. 107. New program in part A; transitional grants for certain areas ineligible under section 2601.
- Sec. 108. Authorization of appropriations for part A.

TITLE II--CARE GRANTS

- Sec. 201. General use of grants.
- Sec. 202. AIDS Drug Assistance Program.
- Sec. 203. Distribution of funds.
- Sec. 204. Additional amendments to subpart I of part B.
- Sec. 205. Supplemental grants on basis of demonstrated need.
- Sec. 206. Emerging communities.
- Sec. 207. Timeframe for obligation and expenditure of grant funds.
- Sec. 208. Authorization of appropriations for subpart I of part B.
- Sec. 209. Early diagnosis grant program.
- Sec. 210. Certain partner notification programs; authorization of appropriations.

TITLE III--EARLY INTERVENTION SERVICES

- Sec. 301. Establishment of program; core medical services.
- Sec. 302. Eligible entities; preferences; planning and development grants.
- Sec. 303. Authorization of appropriations.
- Sec. 304. Confidentiality and informed consent.
- Sec. 305. Provision of certain counseling services.

Sec. 306. General provisions.

TITLE IV--WOMEN, INFANTS, CHILDREN, AND YOUTH

Sec. 401. Women, infants, children, and youth.

Sec. 402. GAO Report.

TITLE V--GENERAL PROVISIONS

Sec. 501. General provisions.

TITLE VI--DEMONSTRATION AND TRAINING

Sec. 601. Demonstration and training.

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Sec. 602. AIDS education and training centers.

Sec. 603. Codification of minority AIDS initiative.

TITLE VII--MISCELLANEOUS PROVISIONS

Sec. 701. Hepatitis; use of funds.

Sec. 702. Certain references.

Sec. 703. Repeal.

TITLE I--EMERGENCY RELIEF FOR ELIGIBLE AREAS

SEC. 101. ESTABLISHMENT OF PROGRAM; GENERAL ELIGIBILITY FOR GRANTS.

(a) In General.--Section 2601 of the Public Health Service Act (42 U.S.C. 300ff-11) is amended by striking subsections (b) through (d) and inserting the following:

``(b) Continued Status as Eligible Area.--Notwithstanding any other provision of this section, a metropolitan area that is an eligible area for a fiscal year continues to be an eligible area until the metropolitan area fails, for three consecutive fiscal years--

``(1) to meet the requirements of subsection (a); and

``(2) to have a cumulative total of 3,000 or more living cases of AIDS (reported to and confirmed by the Director of the Centers for Disease Control and Prevention) as of December 31 of the most recent calendar year for which such data is available.

``(c) Boundaries.--For purposes of determining eligibility under this part--

``(1) with respect to a metropolitan area that received funding under this part in fiscal year 2006, the boundaries of such metropolitan area shall be the boundaries that were in effect for such area for fiscal year 1994; or

``(2) with respect to a metropolitan area that becomes eligible to receive funding under this part in any fiscal year after fiscal year 2006, the boundaries of such metropolitan area shall be the boundaries that are in effect for such area when such area initially receives funding under this part.''

(b) Technical and Conforming Amendments.--Section 2601(a) of the Public Health Service Act (42 U.S.C. 300ff-11(a)) is amended--

(1) by striking ``through (d)'' and inserting ``through (c)''; and

(2) by inserting ``and confirmed by'' after ``reported to''.

(c) Definition of Metropolitan Area.--Section 2607(2) of the Public Health Service Act (42 U.S.C. 300ff-17(2)) is amended--

(1) by striking ``area referred'' and inserting ``area that is referred''; and

(2) by inserting before the period the following: `` , and that has a population of 50,000 or more individuals''.

SEC. 102. TYPE AND DISTRIBUTION OF GRANTS; FORMULA GRANTS.

(a) Distribution Percentages.--Section 2603(a)(2) of the Public Health Service Act (42 U.S.C. 300ff-13(a)(2)) is amended--

(1) in the first sentence--

(A) by striking ``50 percent of the amount appropriated under section 2677'' and inserting ``66\2/3\ percent of the

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amount made available under section 2610(b) for carrying out this subpart''; and

(B) by striking ``paragraph (3)'' and inserting ``paragraphs (3) and (4)''.

(2) by striking the last sentence.

(b) Distribution Based on Living Cases of HIV/AIDS.--Section 2603(a)(3) of the Public Health Service Act (42 U.S.C. 300ff-13(a)(3)) is amended--

(1) in subparagraph (B), by striking ``estimated living cases of acquired immune deficiency syndrome'' and inserting ``living cases of HIV/AIDS (reported to and confirmed by the Director of the Centers for Disease Control and Prevention)''; and

(2) by striking subparagraphs (C) through (E) and inserting the following:

``(C) Living cases of hiv/aids.--

``(i) Requirement of names-based reporting.-- Except as provided in clause (ii), the number determined under this subparagraph for an eligible area for a fiscal year for purposes of subparagraph (B) is the number of living names-based cases of HIV/AIDS that, as of December 31 of the most recent calendar year for which such data is available, have been reported to and confirmed by the Director of the Centers for Disease Control and Prevention.

``(ii) Transition period; exemption regarding non-aids cases.--For each of the fiscal years 2007 through 2009, an eligible area is, subject to clauses (iii) through (v), exempt from the requirement under clause (i) that living names-based non-AIDS cases of HIV be reported unless--

``(I) a system was in operation as of December 31, 2005, that provides sufficiently accurate and reliable names-based reporting of such cases throughout the State in which the area is located, subject to clause (viii); or

``(II) <<NOTE: Deadline.>> no later than the beginning of fiscal year 2008 or 2009, the Secretary, in consultation with the chief executive of the State in

which the area is located, determines that a system has become operational in the State that provides sufficiently accurate and reliable names-based reporting of such cases throughout the State.

``(iii)

Requirements <<NOTE: Applicability. Deadline.>> for exemption for fiscal year 2007.--For fiscal year 2007, an exemption under clause (ii) for an eligible area applies only if, by October 1, 2006--

``(I)(aa) the State in which the area is located had submitted to the Secretary a plan for making the transition to sufficiently accurate and reliable names-based reporting of living non-AIDS cases of HIV; or

``(bb) all statutory changes necessary to provide for sufficiently accurate and reliable reporting of such cases had been made; and

``(II) the State had agreed that, by April 1, 2008, the State will begin accurate and reliable names-based reporting of such cases, except that

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such agreement is not required to provide that, as of such date, the system for such reporting be fully sufficient with respect to accuracy and reliability throughout the area.

``(iv)

Requirement <<NOTE: Applicability. Deadline.>> for exemption as of fiscal year 2008.--For each of the fiscal years 2008 through 2010, an exemption under clause (ii) for an eligible area applies only if, as of April 1, 2008, the State in which the area is located is substantially in compliance with the agreement under clause (iii)(II).

``(v) Progress toward names-based reporting.--For fiscal year 2009, the Secretary may terminate an exemption under clause (ii) for an eligible area if the State in which the area is located submitted a plan under clause (iii)(I)(aa) and the Secretary determines that the State is not substantially following the plan.

``(vi) Counting of cases in areas with exemptions.--

``(I) In general.--With respect to an eligible area that is under a reporting system for living non-AIDS cases of HIV that is not names-based (referred to in this subparagraph as 'code-based reporting'), the Secretary shall, for purposes of this subparagraph, modify the number of such cases reported for the eligible area in order to adjust for duplicative

reporting in and among systems that use code-based reporting.

``(II) Adjustment rate.--The adjustment rate under subclause (I) for an eligible area shall be a reduction of 5 percent in the number of living non-AIDS cases of HIV reported for the area.

``(vii)

Multiple <<NOTE: Applicability.>> political jurisdictions.--With respect to living non-AIDS cases of HIV, if an eligible area is not entirely within one political jurisdiction and as a result is subject to more than one reporting system for purposes of this subparagraph:

``(I) Names-based reporting under clause (i) applies in a jurisdictional portion of the area, or an exemption under clause (ii) applies in such portion (subject to applicable provisions of this subparagraph), according to whether names-based reporting or code-based reporting is used in such portion.

``(II) If under subclause (I) both names-based reporting and code-based reporting apply in the area, the number of code-based cases shall be reduced under clause (vi).

``(viii) List of eligible areas meeting standard regarding December 31, 2005.--

``(I) In general.--If an eligible area or portion thereof is in a State specified in subclause (II), the eligible area or portion shall be considered to meet the standard described in clause (ii)(I). No other eligible area or portion thereof may be considered to meet such standard.

``(II) Relevant states.--For purposes of subclause (I), the States specified in this subclause

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are the following: Alaska, Alabama, Arkansas, Arizona, Colorado, Florida, Indiana, Iowa, Idaho, Kansas, Louisiana, Michigan, Minnesota, Missouri, Mississippi, North Carolina, North Dakota, Nebraska, New Jersey, New Mexico, New York, Nevada, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, West Virginia, Wyoming, Guam, and the Virgin Islands.

``(ix) Rules of construction regarding acceptance of reports.--

``(I) Cases of aids.--With respect to an eligible area that is subject to the requirement under clause (i) and is not in compliance with the requirement

for names-based reporting of living non-AIDS cases of HIV, the Secretary shall, notwithstanding such noncompliance, accept reports of living cases of AIDS that are in accordance with such clause.

``(II) Applicability of exemption requirements.--The provisions of clauses (ii) through (viii) may not be construed as having any legal effect for fiscal year 2010 or any subsequent fiscal year, and accordingly, the status of a State for purposes of such clauses may not be considered after fiscal year 2009.

``(x) Program for detecting inaccurate or fraudulent counting.--The Secretary shall carry out a program to monitor the reporting of names-based cases for purposes of this subparagraph and to detect instances of inaccurate reporting, including fraudulent reporting.''.

(c) Code-Based Areas; Limitation on Increase in Grant.--Section 2603(a)(3) of the Public Health Service Act (42 U.S.C. 300ff-13(a)), as amended by subsection (b)(2) of this section, is amended by adding at the end the following subparagraph:

``(D) Code-based areas; limitation on increase in grant .--

``(i) In general.--

For <<NOTE: Applicability.>> each of the fiscal years 2007 through 2009, if code-based reporting (within the meaning of subparagraph (C)(vi)) applies in an eligible area or any portion thereof as of the beginning of the fiscal year involved, then notwithstanding any other provision of this paragraph, the amount of the grant pursuant to this paragraph for such area for such fiscal year may not--

``(I) for fiscal year 2007, exceed by more than 5 percent the amount of the grant for the area that would have been made pursuant to this paragraph and paragraph (4) for fiscal year 2006 (as such paragraphs were in effect for such fiscal year) if paragraph (2) (as so in effect) had been applied by substituting '66 2/3 percent' for '50 percent'; and
``(II) for each of the fiscal years 2008 and 2009, exceed by more than 5 percent the amount of the grant pursuant to this paragraph and paragraph (4) for the area for the preceding fiscal year.

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``(ii) Use of amounts involved.--For each of the fiscal years 2007 through 2009, amounts available as a result of the limitation under clause (i) shall be made available by the Secretary as additional amounts for grants pursuant to subsection (b) for the fiscal year involved, subject to paragraph (4) and section 2610(d)(2).''.

(d) Hold Harmless.--Section 2603(a) of the Public Health Service Act (42 U.S.C. 300ff-13(a)) is amended--

(1) in paragraph (3)(A)--

(A) in clause (ii), by striking the period at the end and inserting a semicolon; and

(B) by inserting after and below clause (ii) the following:

``which product shall then, as applicable, be increased under paragraph (4).''.

(2) by amending paragraph (4) to read as follows:

``(4) Increases in grant.--

``(A) In general.--For each eligible area that received a grant pursuant to this subsection for fiscal year 2006, the Secretary shall, for each of the fiscal years 2007 through 2009, increase the amount of the grant made pursuant to paragraph (3) for the area to ensure that the amount of the grant for the fiscal year involved is not less than the following amount, as applicable to such fiscal year:

``(i) For fiscal year 2007, an amount equal to 95 percent of the amount of the grant that would have been made pursuant to paragraph (3) and this paragraph for fiscal year 2006 (as such paragraphs were in effect for such fiscal year) if paragraph (2) (as so in effect) had been applied by substituting `66 $\frac{2}{3}$ ` percent' for `50 percent'.

``(ii) For each of the fiscal years 2008 and 2009, an amount equal to 100 percent of the amount of the grant made pursuant to paragraph (3) and this paragraph for fiscal year 2007.

``(B) Source of funds for increase.--

``(i) In general.--From the amounts available for carrying out the single program referred to in section 2609(d)(2)(C) for a fiscal year (relating to supplemental grants), the Secretary shall make available such amounts as may be necessary to comply with subparagraph (A), subject to section 2610(d)(2).

``(ii) Pro rata reduction.--If the amounts referred to in clause (i) for a fiscal year are insufficient to fully comply with subparagraph (A) for the year, the Secretary, in order to provide the additional funds necessary for such compliance, shall reduce on a pro rata basis the amount of each grant pursuant to this subsection for the fiscal year, other than grants for eligible areas for which increases under subparagraph (A) apply. A reduction under the preceding sentence may not be made in an amount that would result in the eligible area involved becoming eligible for such an increase.

``(C) Limitation.--This paragraph may not be construed as having any applicability after fiscal year 2009.''.

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SEC. 103. TYPE AND DISTRIBUTION OF GRANTS; SUPPLEMENTAL GRANTS.

Section 2603(b) of the Public Health Service Act (42 U.S.C. 300ff-

13(b)) is amended--

(1) in paragraph (1)--

(A) in the matter preceding subparagraph (A), by striking ``Not later than'' and all that follows through ``the Secretary shall'' and inserting the following:
``Subject to subsection (a)(4)(B)(i) and section 2610(d), the Secretary shall'';

(B) in subparagraph (B), by striking ``demonstrates the severe need in such area'' and inserting ``demonstrates the need in such area, on an objective and quantified basis,'';

(C) by striking subparagraph (F) and inserting the following:

``(F) demonstrates the inclusiveness of affected communities and individuals with HIV/AIDS'';

(D) in subparagraph (G), by striking the period and inserting ``; and''; and

(E) by adding at the end the following:

``(H) demonstrates the ability of the applicant to expend funds efficiently by not having had, for the most recent grant year under subsection (a) for which data is available, more than 2 percent of grant funds under such subsection canceled or covered by any waivers under subsection (c)(3).''; and

(2) in paragraph (2)--

(A) in subparagraph (A), by striking ``severe need'' and inserting ``demonstrated need'';

(B) by striking subparagraph (B) and inserting the following:

``(B) Demonstrated need.--The factors considered by the Secretary in determining whether an eligible area has a demonstrated need for purposes of paragraph (1)(B) may include any or all of the following:

``(i) The unmet need for such services, as determined under section 2602(b)(4) or other community input process as defined under section 2609(d)(1)(A).

``(ii) An increasing need for HIV/AIDS-related services, including relative rates of increase in the number of cases of HIV/AIDS.

``(iii) The relative rates of increase in the number of cases of HIV/AIDS within new or emerging subpopulations.

``(iv) The current prevalence of HIV/AIDS.

``(v) Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area.

``(vi) The impact of co-morbid factors, including co-occurring conditions, determined relevant by the Secretary.

``(vii) The prevalence of homelessness.

``(viii) The prevalence of individuals described under section 2602(b)(2)(M).

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``(ix) The relevant factors that limit access to health care, including geographic variation, adequacy of health insurance coverage, and language barriers.

``(x) The impact of a decline in the amount

received pursuant to subsection (a) on services available to all individuals with HIV/AIDS identified and eligible under this title.''; and (C) by striking subparagraphs (C) and (D) and inserting the following:

``(C) Priority in making grants.--The Secretary shall provide funds under this subsection to an eligible area to address the decline or disruption of all EMA-provided services related to the decline in the amounts received pursuant to subsection (a) consistent with the grant award for the eligible area for fiscal year 2006, to the extent that the factor under subparagraph (B) (x) (relating to a decline in funding) applies to the eligible area.''.

SEC. 104. TIMEFRAME FOR OBLIGATION AND EXPENDITURE OF GRANT FUNDS.

Section 2603 of the Public Health Service Act (42 U.S.C. 300ff-13) is amended--

- (1) by redesignating subsection (c) as subsection (d);
- (2) by inserting after subsection (b) the following:

``(c) Timeframe <<NOTE: Effective dates.>> for Obligation and Expenditure of Grant Funds.--

``(1) Obligation by end of grant year.--Effective for fiscal year 2007 and subsequent fiscal years, funds from a grant award made pursuant to subsection (a) or (b) for a fiscal year are available for obligation by the eligible area involved through the end of the one-year period beginning on the date in such fiscal year on which funds from the award first become available to the area (referred to in this subsection as the 'grant year for the award'), except as provided in paragraph (3)(A).

``(2) Supplemental grants; cancellation of unobligated balance of grant award.--Effective for fiscal year 2007 and subsequent fiscal years, if a grant award made pursuant to subsection (b) for an eligible area for a fiscal year has an unobligated balance as of the end of the grant year for the award--

``(A) the Secretary shall cancel that unobligated balance of the award, and shall require the eligible area to return any amounts from such balance that have been disbursed to the area; and

``(B) the funds involved shall be made available by the Secretary as additional amounts for grants pursuant to subsection (b) for the first fiscal year beginning after the fiscal year in which the Secretary obtains the information necessary for determining that the balance is required under subparagraph (A) to be canceled, except that the availability of the funds for such grants is subject to subsection (a)(4) and section 2610(d)(2) as applied for such year.

``(3) Formula grants; cancellation of unobligated balance of grant award; waiver permitting carryover.--

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``(A) In general.--Effective for fiscal year 2007 and subsequent fiscal years, if a grant award made pursuant to subsection (a) for an eligible area for a fiscal year has an unobligated balance as of the end of the grant year for the award, the Secretary shall cancel

that unobligated balance of the award, and shall require the eligible area to return any amounts from such balance that have been disbursed to the area, unless--

``(i) before the end of the grant year, the chief elected official of the area submits to the Secretary a written application for a waiver of the cancellation, which application includes a description of the purposes for which the area intends to expend the funds involved; and

``(ii) the Secretary approves the waiver.

``(B) Expenditure by end of carryover year.--With respect to a waiver under subparagraph (A) that is approved for a balance that is unobligated as of the end of a grant year for an award:

``(i) The unobligated funds are available for expenditure by the eligible area involved for the one-year period beginning upon the expiration of the grant year (referred to in this subsection as the 'carryover year').

``(ii) If the funds are not expended by the end of the carryover year, the Secretary shall cancel that unexpended balance of the award, and shall require the eligible area to return any amounts from such balance that have been disbursed to the area.

``(C) Use of cancelled balances.--In the case of any balance of a grant award that is cancelled under subparagraph (A) or (B)(ii), the grant funds involved shall be made available by the Secretary as additional amounts for grants pursuant to subsection (b) for the first fiscal year beginning after the fiscal year in which the Secretary obtains the information necessary for determining that the balance is required under such subparagraph to be canceled, except that the availability of the funds for such grants is subject to subsection (a)(4) and section 2610(d)(2) as applied for such year.

``(D) Corresponding reduction in future grant.--

``(i) In general.--In the case of an eligible area for which a balance from a grant award under subsection (a) is unobligated as of the end of the grant year for the award--

``(I) the Secretary shall reduce, by the same amount as such unobligated balance, the amount of the grant under such subsection for the first fiscal year beginning after the fiscal year in which the Secretary obtains the information necessary for determining that such balance was unobligated as of the end of the grant year (which requirement for a reduction applies without regard to whether a waiver under subparagraph (A) has been approved with respect to such balance); and

``(II) the grant funds involved in such reduction shall be made available by the Secretary as additional funds for

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grants pursuant to subsection (b) for such first fiscal year, subject to subsection (a)(4) and section 2610(d)(2);

except that this clause does not apply to the eligible area if the amount of the unobligated balance was 2 percent or less.

“(ii) Relation to increases in grant.--A reduction under clause (i) for an eligible area for a fiscal year may not be taken into account in applying subsection (a)(4) with respect to the area for the subsequent fiscal year.”; and

(3) by adding at the end the following:

“(e) Report on the Awarding of Supplemental Funds.--Not later than 45 days after the awarding of supplemental funds under this section, the Secretary shall submit to Congress a report concerning such funds. Such report shall include information detailing--

“(1) the total amount of supplemental funds available under this section for the year involved;

“(2) the amount of supplemental funds used in accordance with the hold harmless provisions of subsection (a)(4);

“(3) the amount of supplemental funds disbursed pursuant to subsection (b)(2)(C);

“(4) the disbursement of the remainder of the supplemental funds after taking into account the uses described in paragraphs (2) and (3); and

“(5) the rationale used for the amount of funds disbursed as described under paragraphs (2), (3), and (4).”.

SEC. 105. USE OF AMOUNTS.

Section 2604 of the Public Health Service Act (42 U.S.C. 300ff-14) is amended to read as follows:

“SEC. 2604. USE OF AMOUNTS.

“(a) Requirements.--The Secretary may not make a grant under section 2601(a) to the chief elected official of an eligible area unless such political subdivision agrees that--

“(1) subject to paragraph (2), the allocation of funds and services within the eligible area will be made in accordance with the priorities established, pursuant to section 2602(b)(4)(C), by the HIV health services planning council that serves such eligible area;

“(2) funds provided under section 2601 will be expended only for--

“(A) core medical services described in subsection (c);

“(B) support services described in subsection (d); and

“(C) administrative expenses described in subsection (h); and

“(3) the use of such funds will comply with the requirements of this section.

“(b) Direct Financial Assistance to Appropriate Entities.--

“(1) In general.--The chief elected official of an eligible area shall use amounts from a grant under section 2601 to provide direct financial assistance to entities described in paragraph (2) for the purpose of providing core medical services

and support services.

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((2) Appropriate entities.--Direct financial assistance may be provided under paragraph (1) to public or nonprofit private entities, or private for-profit entities if such entities are the only available provider of quality HIV care in the area.

((c) Required Funding for Core Medical Services.--

((1) In general.--With respect to a grant under section 2601 for an eligible area for a grant year, the chief elected official of the area shall, of the portion of the grant remaining after reserving amounts for purposes of paragraphs (1) and (5)(B)(i) of subsection (h), use not less than 75 percent to provide core medical services that are needed in the eligible area for individuals with HIV/AIDS who are identified and eligible under this title (including services regarding the co-occurring conditions of the individuals).

((2) Waiver.--

((A) In general.--The Secretary shall waive the application of paragraph (1) with respect to a chief elected official for a grant year if the Secretary determines that, within the eligible area involved--

((i) there are no waiting lists for AIDS Drug Assistance Program services under section 2616; and

((ii) core medical services are available to all individuals with HIV/AIDS identified and eligible under this title.

((B) Notification of waiver status.--When informing the chief elected official of an eligible area that a grant under section 2601 is being made for the area for a grant year, the Secretary shall inform the official whether a waiver under subparagraph (A) is in effect for such year.

((3) Core medical services.--For purposes of this subsection, the term 'core medical services', with respect to an individual with HIV/AIDS (including the co-occurring conditions of the individual), means the following services:

((A) Outpatient and ambulatory health services.

((B) AIDS Drug Assistance Program treatments in accordance with section 2616.

((C) AIDS pharmaceutical assistance.

((D) Oral health care.

((E) Early intervention services described in subsection (e).

((F) Health insurance premium and cost sharing assistance for low-income individuals in accordance with section 2615.

((G) Home health care.

((H) Medical nutrition therapy.

((I) Hospice services.

((J) Home and community-based health services as defined under section 2614(c).

((K) Mental health services.

((L) Substance abuse outpatient care.

((M) Medical case management, including treatment adherence services.

((d) Support Services.--

``(1) In general.--For purposes of this section, the term 'support services' means services, subject to the approval of

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the Secretary, that are needed for individuals with HIV/AIDS to achieve their medical outcomes (such as respite care for persons caring for individuals with HIV/AIDS, outreach services, medical transportation, linguistic services, and referrals for health care and support services).

``(2) Medical outcomes.--In this subsection, the term 'medical outcomes' means those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

``(e) Early Intervention Services.--

``(1) In general.--For purposes of this section, the term 'early intervention services' means HIV/AIDS early intervention services described in section 2651(e), with follow-up referral provided for the purpose of facilitating the access of individuals receiving the services to HIV-related health services. The entities through which such services may be provided under the grant include public health departments, emergency rooms, substance abuse and mental health treatment programs, detoxification centers, detention facilities, clinics regarding sexually transmitted diseases, homeless shelters, HIV/AIDS counseling and testing sites, health care points of entry specified by eligible areas, federally qualified health centers, and entities described in section 2652(a) that constitute a point of access to services by maintaining referral relationships.

``(2) Conditions.--With <<NOTE: Applicability.>> respect to an entity that proposes to provide early intervention services under paragraph (1), such paragraph shall apply only if the entity demonstrates to the satisfaction of the chief elected official for the eligible area involved that--

``(A) Federal, State, or local funds are otherwise inadequate for the early intervention services the entity proposes to provide; and

``(B) the entity will expend funds pursuant to such paragraph to supplement and not supplant other funds available to the entity for the provision of early intervention services for the fiscal year involved.

``(f) Priority for Women, Infants, Children, and Youth.--

``(1) In general.--For the purpose of providing health and support services to infants, children, youth, and women with HIV/AIDS, including treatment measures to prevent the perinatal transmission of HIV, the chief elected official of an eligible area, in accordance with the established priorities of the planning council, shall for each of such populations in the eligible area use, from the grants made for the area under section 2601(a) for a fiscal year, not less than the percentage constituted by the ratio of the population involved (infants, children, youth, or women in such area) with HIV/AIDS to the general population in such area of individuals with HIV/AIDS.

``(2) Waiver.--With respect to the population involved, the Secretary may provide to the chief elected official of an eligible area a waiver of the requirement of paragraph (1) if such official demonstrates to the satisfaction of the Secretary that the population is receiving HIV-related health services through the State medicaid program under title XIX of the Social

Security Act, the State children's health insurance program under title XXI of such Act, or other Federal or State programs.

``(g) Requirement of Status as Medicaid Provider.--

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``(1) Provision of service.--Subject to paragraph (2), the Secretary may not make a grant under section 2601(a) for the provision of services under this section in a State unless, in the case of any such service that is available pursuant to the State plan approved under title XIX of the Social Security Act for the State--

``(A) the political subdivision involved will provide the service directly, and the political subdivision has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

``(B) <<NOTE: Contracts.>> the political subdivision will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, and the entity has entered into such a participation agreement and is qualified to receive such payments.

``(2) Waiver.--

``(A) In general.--In the case of an entity making an agreement pursuant to paragraph (1)(B) regarding the provision of services, the requirement established in such paragraph shall be waived by the HIV health services planning council for the eligible area if the entity does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.

``(B) Determination.--A determination by the HIV health services planning council of whether an entity referred to in subparagraph (A) meets the criteria for a waiver under such subparagraph shall be made without regard to whether the entity accepts voluntary donations for the purpose of providing services to the public.

``(h) Administration.--

``(1) Limitation.--The chief elected official of an eligible area shall not use in excess of 10 percent of amounts received under a grant under this part for administrative expenses.

``(2) Allocations by chief elected official.--In the case of entities and subcontractors to which the chief elected official of an eligible area allocates amounts received by the official under a grant under this part, the official shall ensure that, of the aggregate amount so allocated, the total of the expenditures by such entities for administrative expenses does not exceed 10 percent (without regard to whether particular entities expend more than 10 percent for such expenses).

``(3) Administrative activities.--For purposes of paragraph (1), amounts may be used for administrative activities that include--

``(A) routine grant administration and monitoring activities, including the development of applications for part A funds, the receipt and disbursal of program funds, the development and establishment of

reimbursement and accounting systems, the development of a clinical quality management program as described in paragraph (5), the preparation of routine programmatic and financial reports, and compliance with grant conditions and audit requirements; and

((B) all activities associated with the grantee's contract award procedures, including the activities carried out by

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the HIV health services planning council as established under section 2602(b), the development of requests for proposals, contract proposal review activities, negotiation and awarding of contracts, monitoring of contracts through telephone consultation, written documentation or onsite visits, reporting on contracts, and funding reallocation activities.

((4) Subcontractor administrative activities.--For the purposes of this subsection, subcontractor administrative activities include--

((A) usual and recognized overhead activities, including established indirect rates for agencies;

((B) management oversight of specific programs funded under this title; and

((C) other types of program support such as quality assurance, quality control, and related activities.

((5) Clinical quality management.--

((A) Requirement.--The chief elected official of an eligible area that receives a grant under this part shall provide for the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

((B) Use of funds.--

((i) In general.--From amounts received under a grant awarded under this subpart for a fiscal year, the chief elected official of an eligible area may use for activities associated with the clinical quality management program required in subparagraph (A) not to exceed the lesser of--

((I) 5 percent of amounts received under the grant; or

((II) \$3,000,000.

((ii) Relation to limitation on administrative expenses.--The costs of a clinical quality management program under subparagraph (A) may not be considered administrative expenses for purposes of the limitation established in paragraph (1).

((i) Construction.--A chief elected official may not use amounts received under a grant awarded under this part to purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services.''

SEC. 106. ADDITIONAL AMENDMENTS TO PART A.

(a) Reporting of Cases.--Section 2601(a) of the Public Health Service Act (42 U.S.C. 300ff-11(a)) is amended by striking ``for the most recent period'' and inserting ``during the most recent period''.

(b) Planning Council Representation.--Section 2602(b)(2)(G) of the Public Health Service Act (42 U.S.C. 300ff-12(b)(2)(G)) is amended by inserting ``, members of a Federally

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recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C'' after ``disease''.

(c) Application for Grant.--

(1) Payer of last resort.--Section 2605(a)(6)(A) of the Public Health Service Act (42 U.S.C. 300ff-15(a)(6)(A)) is amended by inserting ``(except for a program administered by or providing the services of the Indian Health Service)'' before the semicolon.

(2) Audits.--Section 2605(a) of the Public Health Service Act (42 U.S.C. 300ff-15(a)) is amended--

(A) in paragraph (8), by striking ``and'' at the end;

(B) in paragraph (9), by striking the period and inserting ``; and''; and

(C) by adding at the end the following:

``(10) that the chief elected official will submit to the lead State agency under section 2617(b)(4), audits, consistent with Office of Management and Budget circular A133, regarding funds expended in accordance with this part every 2 years and shall include necessary client-based data to compile unmet need calculations and Statewide coordinated statements of need process.''.

(3) Coordination.--Section 2605(b) of the Public Health Service Act (42 U.S.C. 300ff-15(b)) is amended--

(A) in paragraph (3), by striking ``and'' at the end;

(B) in paragraph (4), by striking the period and inserting a semicolon; and

(C) by adding at the end the following:

``(5) the manner in which the expected expenditures are related to the planning process for States that receive funding under part B (including the planning process described in section 2617(b)); and

``(6) the expected expenditures and how those expenditures will improve overall client outcomes, as described under the State plan under section 2617(b), and through additional outcomes measures as identified by the HIV health services planning council under section 2602(b).''.

SEC. 107. NEW PROGRAM IN PART A; TRANSITIONAL GRANTS FOR CERTAIN AREAS INELIGIBLE UNDER SECTION 2601.

(a) In General.--Part A of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-11) is amended--

(1) by inserting after the part heading the following:

``Subpart I--General Grant Provisions''; and

(2) by adding at the end the following:

``Subpart II--Transitional Grants

``SEC. 2609. <<NOTE: 42 USC 300ff-19.>> ESTABLISHMENT OF PROGRAM.

``(a) In General.--The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make grants for the purpose of providing services described in section 2604 in transitional areas, subject to the same provisions regarding the allocation of grant funds as apply under subsection (c) of such section.

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``(b) Transitional Areas.--For purposes of this section, the term 'transitional area' means, subject to subsection (c), a metropolitan area for which there has been reported to and confirmed by the Director of the Centers for Disease Control and Prevention a cumulative total of at least 1,000, but fewer than 2,000, cases of AIDS during the most recent period of 5 calendar years for which such data are available.

``(c) Certain Eligibility Rules.--

``(1) Fiscal year 2007.--With respect to grants under subsection (a) for fiscal year 2007, a metropolitan area that received funding under subpart I for fiscal year 2006 but does not for fiscal year 2007 qualify under such subpart as an eligible area and does not qualify under subsection (b) as a transitional area shall, notwithstanding subsection (b), be considered a transitional area.

``(2) Continued status as transitional area.--

``(A) In general.--Notwithstanding subsection (b), a metropolitan area that is a transitional area for a fiscal year continues, except as provided in subparagraph (B), to be a transitional area until the metropolitan area fails, for three consecutive fiscal years--

``(i) to qualify under such subsection as a transitional area; and

``(ii) to have a cumulative total of 1,500 or more living cases of AIDS (reported to and confirmed by the Director of the Centers for Disease Control and Prevention) as of December 31 of the most recent calendar year for which such data is available.

``(B) Exception regarding status as eligible area.--Subparagraph (A) does not apply for a fiscal year if the metropolitan area involved qualifies under subpart I as an eligible area.

``(d) Application of Certain Provisions of Subpart I.--

``(1) Administration; planning council.--

``(A) In general.--The provisions of section 2602 apply with respect to a grant under subsection (a) for a transitional area to the same extent and in the same manner as such provisions apply with respect to a grant under subpart I for an eligible area, except that, subject to subparagraph (B), the chief elected official of the transitional area may elect not to comply with the provisions of section 2602(b) if the official provides documentation to the Secretary that details the process used to obtain community input (particularly from those with HIV) in the transitional area for formulating the overall plan for priority setting and

allocating funds from the grant under subsection (a).

``(B) Exception.--For each of the fiscal years 2007 through 2009, the exception described in subparagraph (A) does not apply if the transitional area involved received funding under subpart I for fiscal year 2006.

``(2) Type and distribution of grants; timeframe for obligation and expenditure of grant funds.--

``(A) Formula grants; supplemental grants.--The provisions of section 2603 apply with respect to grants under subsection (a) to the same extent and in the same

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manner as such provisions apply with respect to grants under subpart I, subject to subparagraphs (B) and (C).

``(B) Formula grants; increase in grant.--For purposes of subparagraph (A), section 2603(a)(4) does not apply.

``(C) Supplemental grants; single program with subpart i program.--With respect to section 2603(b) as applied for purposes of subparagraph (A):

``(i) The Secretary shall combine amounts available pursuant to such subparagraph with amounts available for carrying out section 2603(b) and shall administer the two programs as a single program.

``(ii) In the single program, the Secretary has discretion in allocating amounts between eligible areas under subpart I and transitional areas under this section, subject to the eligibility criteria that apply under such section, and subject to section 2603(b)(2)(C) (relating to priority in making grants).

``(iii) Pursuant to section 2603(b)(1), amounts for the single program are subject to use under sections 2603(a)(4) and 2610(d)(1).

``(3) Application; technical assistance; definitions.--The provisions of sections 2605, 2606, and 2607 apply with respect to grants under subsection (a) to the same extent and in the same manner as such provisions apply with respect to grants under subpart I.''

(b) Conforming Amendments.--Subpart I of part A of title XXVI of the Public Health Service Act, as designated by subsection (a)(1) of this section, <<NOTE: 42 USC 300ff-11 et seq.>> is amended by striking ``this part'' each place such term appears and inserting ``this subpart''.

SEC. 108. AUTHORIZATION OF APPROPRIATIONS FOR PART A.

Part A of title XXVI of the Public Health Service Act, as amended by section 106(a), is amended by adding at the end the following:

``Subpart III--General Provisions

``SEC. 2610. <<NOTE: 42 USC 300ff-20.>> AUTHORIZATION OF APPROPRIATIONS.

``(a) In General.--For the purpose of carrying out this part, there are authorized to be appropriated \$604,000,000 for fiscal year 2007, \$626,300,000 for fiscal year 2008, and \$649,500,000 for fiscal year 2009. Amounts appropriated under the preceding sentence for a fiscal year are available for obligation by the Secretary until the end of the

second succeeding fiscal year.

``(b) Reservation of Amounts.--

``(1) Fiscal year 2007.--Of the amount appropriated under subsection (a) for fiscal year 2007, the Secretary shall reserve--

``(A) \$458,310,000 for grants under subpart I; and

``(B) \$145,690,000 for grants under section 2609.

``(2) Subsequent fiscal years.--Of the amount appropriated under subsection (a) for fiscal year 2008 and each subsequent fiscal year--

``(A) the Secretary shall reserve an amount for grants under subpart I; and

``(B) the Secretary shall reserve an amount for grants under section 2609.

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``(c) Transfer of Certain Amounts; Change in Status as Eligible Area or Transitional Area.--Notwithstanding subsection (b):

``(1) If a metropolitan area is an eligible area under subpart I for a fiscal year, but for a subsequent fiscal year ceases to be an eligible area by reason of section 2601(b)--

``(A)(i) the amount reserved under paragraph (1)(A) or (2)(A) of subsection (b) of this section for the first such subsequent year of not being an eligible area is deemed to be reduced by an amount equal to the amount of the grant made pursuant to section 2603(a) for the metropolitan area for the preceding fiscal year; and

``(ii)(I) if the metropolitan area qualifies for such first subsequent fiscal year as a transitional area under 2609, the amount reserved under paragraph (1)(B) or (2)(B) of subsection (b) for such fiscal year is deemed to be increased by an amount equal to the amount of the reduction under subparagraph (A) for such year; or

``(II) if the metropolitan area does not qualify for such first subsequent fiscal year as a transitional area under 2609, an amount equal to the amount of such reduction is, notwithstanding subsection (a), transferred and made available for grants pursuant to section 2618(a)(1), in addition to amounts available for such grants under section 2623; and

``(B) if a transfer under subparagraph (A)(ii)(II) is made with respect to the metropolitan area for such first subsequent fiscal year, then--

``(i) the amount reserved under paragraph (1)(A) or (2)(A) of subsection (b) of this section for such year is deemed to be reduced by an additional \$500,000; and

``(ii) an amount equal to the amount of such additional reduction is, notwithstanding subsection (a), transferred and made available for grants pursuant to section 2618(a)(1), in addition to amounts available for such grants under section 2623.

``(2) If a metropolitan area is a transitional area under section 2609 for a fiscal year, but for a subsequent fiscal year ceases to be a transitional area by reason of section 2609(c)(2) (and does not qualify for such subsequent fiscal year as an eligible area under subpart I)--

``(A) the amount reserved under subsection (b)(2)(B)

of this section for the first such subsequent fiscal year of not being a transitional area is deemed to be reduced by an amount equal to the total of--

``(i) the amount of the grant that, pursuant to section 2603(a), was made under section 2609(d)(2)(A) for the metropolitan area for the preceding fiscal year; and

``(ii) \$500,000; and

``(B) an amount equal to the amount of the reduction under subparagraph (A) for such year is, notwithstanding subsection (a), transferred and made available for grants pursuant to section 2618(a)(1), in addition to amounts available for such grants under section 2623.

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``(3) If a metropolitan area is a transitional area under section 2609 for a fiscal year, but for a subsequent fiscal year qualifies as an eligible area under subpart I--

``(A) the amount reserved under subsection (b)(2)(B) of this section for the first such subsequent fiscal year of becoming an eligible area is deemed to be reduced by an amount equal to the amount of the grant that, pursuant to section 2603(a), was made under section 2609(d)(2)(A) for the metropolitan area for the preceding fiscal year; and

``(B) the amount reserved under subsection (b)(2)(A) for such fiscal year is deemed to be increased by an amount equal to the amount of the reduction under subparagraph (A) for such year.

``(d) Certain Transfers; Allocations Between Programs Under Subpart I.--With respect to paragraphs (1)(B)(i) and (2)(A)(ii) of subsection (c), the Secretary shall administer any reductions under such paragraphs for a fiscal year in accordance with the following:

``(1) The reductions shall be made from amounts available for the single program referred to in section 2609(d)(2)(C) (relating to supplemental grants).

``(2) The reductions shall be made before the amounts referred to in paragraph (1) are used for purposes of section 2603(a)(4).

``(3) If the amounts referred to in paragraph (1) are not sufficient for making all the reductions, the reductions shall be reduced until the total amount of the reductions equals the total of the amounts referred to in such paragraph.

``(e) Rules <<NOTE: Applicability.>> of Construction Regarding First Subsequent Fiscal Year.--Paragraphs (1) and (2) of subsection (c) apply with respect to each series of fiscal years during which a metropolitan area is an eligible area under subpart I or a transitional area under section 2609 for a fiscal year and then for a subsequent fiscal year ceases to be such an area by reason of section 2601(b) or 2609(c)(2), respectively, rather than applying to a single such series. Paragraph (3) of subsection (c) applies with respect to each series of fiscal years during which a metropolitan area is a transitional area under section 2609 for a fiscal year and then for a subsequent fiscal year becomes an eligible area under subpart I, rather than applying to a single such series.''.

TITLE II--CARE GRANTS

SEC. 201. GENERAL USE OF GRANTS.

(a) In General.--Section 2612 of the Public Health Service Act (42 U.S.C. 300ff-22) is amended to read as follows:

SEC. 2612. GENERAL USE OF GRANTS.

(a) In General.--A State may use amounts provided under grants made under section 2611 for--

- (1) core medical services described in subsection (b);
- (2) support services described in subsection (c); and
- (3) administrative expenses described in section 2618(b)(3).

(b) Required Funding for Core Medical Services.--

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(1) In general.--With respect to a grant under section 2611 for a State for a grant year, the State shall, of the portion of the grant remaining after reserving amounts for purposes of subparagraphs (A) and (E)(ii)(I) of section 2618(b)(3), use not less than 75 percent to provide core medical services that are needed in the State for individuals with HIV/AIDS who are identified and eligible under this title (including services regarding the co-occurring conditions of the individuals).

(2) Waiver.--

(A) In general.--The Secretary shall waive the application of paragraph (1) with respect to a State for a grant year if the Secretary determines that, within the State--

(i) there are no waiting lists for AIDS Drug Assistance Program services under section 2616; and

(ii) core medical services are available to all individuals with HIV/AIDS identified and eligible under this title.

(B) Notification of waiver status.--When informing a State that a grant under section 2611 is being made to the State for a fiscal year, the Secretary shall inform the State whether a waiver under subparagraph (A) is in effect for the fiscal year.

(3) Core medical services.--For purposes of this subsection, the term 'core medical services', with respect to an individual infected with HIV/AIDS (including the co-occurring conditions of the individual) means the following services:

(A) Outpatient and ambulatory health services.

(B) AIDS Drug Assistance Program treatments in accordance with section 2616.

(C) AIDS pharmaceutical assistance.

(D) Oral health care.

(E) Early intervention services described in subsection (d).

(F) Health insurance premium and cost sharing assistance for low-income individuals in accordance with section 2615.

(G) Home health care.

(H) Medical nutrition therapy.

(I) Hospice services.

(J) Home and community-based health services as

defined under section 2614(c).

``(K) Mental health services.

``(L) Substance abuse outpatient care.

``(M) Medical case management, including treatment adherence services.

``(c) Support Services.--

``(1) In general.--For purposes of this subsection, the term 'support services' means services, subject to the approval of the Secretary, that are needed for individuals with HIV/AIDS to achieve their medical outcomes (such as respite care for persons caring for individuals with HIV/AIDS, outreach services, medical transportation, linguistic services, and referrals for health care and support services).

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``(2) Definition of medical outcomes.--In this subsection, the term 'medical outcomes' means those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

``(d) Early Intervention Services.--

``(1) In general.--For purposes of this section, the term 'early intervention services' means HIV/AIDS early intervention services described in section 2651(e), with follow-up referral provided for the purpose of facilitating the access of individuals receiving the services to HIV-related health services. The entities through which such services may be provided under the grant include public health departments, emergency rooms, substance abuse and mental health treatment programs, detoxification centers, detention facilities, clinics regarding sexually transmitted diseases, homeless shelters, HIV/AIDS counseling and testing sites, health care points of entry specified by States, federally qualified health centers, and entities described in section 2652(a) that constitute a point of access to services by maintaining referral relationships.

``(2) Conditions.--With respect to an entity that proposes to provide early intervention services under paragraph (1), such paragraph shall apply only if the entity demonstrates to the satisfaction of the chief elected official for the State involved that--

``(A) Federal, State, or local funds are otherwise inadequate for the early intervention services the entity proposes to provide; and

``(B) the entity will expend funds pursuant to such subparagraph to supplement and not supplant other funds available to the entity for the provision of early intervention services for the fiscal year involved.

``(e) Priority for Women, Infants, Children, and Youth.--

``(1) In general.--For the purpose of providing health and support services to infants, children, youth, and women with HIV/AIDS, including treatment measures to prevent the perinatal transmission of HIV, a State shall for each of such populations in the eligible area use, from the grants made for the area under section 2601(a) for a fiscal year, not less than the percentage constituted by the ratio of the population involved (infants, children, youth, or women in such area) with HIV/AIDS to the general population in such area of individuals with HIV/AIDS.

``(2) Waiver.--With respect to the population involved, the

Secretary may provide to a State a waiver of the requirement of paragraph (1) if such State demonstrates to the satisfaction of the Secretary that the population is receiving HIV-related health services through the State medicaid program under title XIX of the Social Security Act, the State children's health insurance program under title XXI of such Act, or other Federal or State programs.

((f) Construction.--A State may not use amounts received under a grant awarded under section 2611 to purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services.'').

(b) HIV Care Consortia.--Section 2613 of the Public Health Service Act (42 U.S.C. 300ff-23) is amended--

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(1) in subsection (a), in the matter preceding paragraph

(1)--

(A) by striking ``may use'' and inserting ``may, subject to subsection (f), use''; and

(B) by striking ``section 2612(a)(1)'' and inserting ``section 2612(a)''; and

(2) by adding at the end the following subsection:

((f) Allocation of Funds; Treatment as Support Services.--For purposes of the requirement of section 2612(b)(1), expenditures of grants under section 2611 for or through consortia under this section are deemed to be support services, not core medical services. The preceding sentence may not be construed as having any legal effect on the provisions of subsection (a) that relate to authorized expenditures of the grant.'').

(c) Technical Amendments.--Part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-21 et seq.) is amended--

(1) in section 2611-- <<NOTE: 42 USC 300ff-21.>>

(A) in subsection (a), by striking the subsection designation and heading; and

(B) by striking subsection (b);

(2) in section 2614-- <<NOTE: 42 USC 300ff-24.>>

(A) in subsection (a), in the matter preceding paragraph (1), by striking ``section 2612(a)(2)'' and inserting ``section 2612(b)(3)(J)''; and

(B) in subsection (c)(2)(B), by striking ``homemaker or'';

(3) in section 2615(a) <<NOTE: 42 USC 300ff-25.>> by striking ``section 2612(a)(3)'' and inserting ``section 2612(b)(3)(F)''; and

(4) in section <<NOTE: 42 USC 300ff-26.>> 2616(a) by striking ``section 2612(a)(5)'' and inserting ``section 2612(b)(3)(B)''.

SEC. 202. AIDS DRUG ASSISTANCE PROGRAM.

(a) Requirement of Minimum Drug List.--Section 2616 of the Public Health Service Act (42 U.S.C. 300ff-26) is amended--

(1) in subsection (c), by striking paragraph (1) and inserting the following:

((1) ensure that the therapeutics included on the list of classes of core antiretroviral therapeutics established by the Secretary under subsection (e) are, at a minimum, the treatments

provided by the State pursuant to this section;'';

(2) by redesignating subsection (e) as subsection (f); and

(3) by inserting after subsection (d) the following:

``(e) List of Classes of Core Antiretroviral Therapeutics.--For purposes of subsection (c)(1), the Secretary shall develop and maintain a list of classes of core antiretroviral therapeutics, which list shall be based on the therapeutics included in the guidelines of the Secretary known as the Clinical Practice Guidelines for Use of HIV/AIDS Drugs, relating to drugs needed to manage symptoms associated with HIV. The preceding sentence does not affect the authority of the Secretary to modify such Guidelines.''.

(b) Drug Rebate Program.--Section 2616 of the Public Health Service Act, as amended by subsection (a)(2) of this section, is amended by adding at the end the following:

``(g) Drug Rebate Program.--A State shall ensure that any drug rebates received on drugs purchased from funds provided pursuant to this section are applied to activities supported under

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this subpart, with priority given to activities described under this section.''.

SEC. 203. DISTRIBUTION OF FUNDS.

(a) Distribution Based on Living Cases of HIV/AIDS.--

(1) State distribution factor.--Section 2618(a)(2) of the Public Health Service Act (42 U.S.C. 300ff-28(a)(2)) is amended--

(A) in subparagraph (B), by striking ``estimated number of living cases of acquired immune deficiency syndrome in the eligible area involved'' and inserting ``number of living cases of HIV/AIDS in the State involved''; and

(B) by amending subparagraph (D) to read as follows:

``(D) Living cases of hiv/aids.--

``(i) Requirement of names-based reporting.--

Except as provided in clause (ii), the number determined under this subparagraph for a State for a fiscal year for purposes of subparagraph (B) is the number of living names-based cases of HIV/AIDS in the State that, as of December 31 of the most recent calendar year for which such data is available, have been reported to and confirmed by the Director of the Centers for Disease Control and Prevention.

``(ii) Transition period; exemption regarding non-aids cases.--For each of the fiscal years 2007 through 2009, a State is, subject to clauses (iii) through (v), exempt from the requirement under clause (i) that living non-AIDS names-based cases of HIV be reported unless--

``(I) a system was in operation as of December 31, 2005, that provides sufficiently accurate and reliable names-based reporting of such cases throughout the State, subject to clause (vii); or

``(II) <<NOTE: Deadline.>> no later than the beginning of fiscal year 2008

or 2009, the Secretary, after consultation with the chief executive of the State, determines that a system has become operational in the State that provides sufficiently accurate and reliable names-based reporting of such cases throughout the State.

``(iii)

Requirements <<NOTE: Applicability. Deadline.>> for exemption for fiscal year 2007.--For fiscal year 2007, an exemption under clause (ii) for a State applies only if, by October 1, 2006--

``(I)(aa) the State had submitted to the Secretary a plan for making the transition to sufficiently accurate and reliable names-based reporting of living non-AIDS cases of HIV; or

``(bb) all statutory changes necessary to provide for sufficiently accurate and reliable reporting of such cases had been made; and

``(II) the State had agreed that, by April 1, 2008, the State will begin accurate and reliable names-based reporting of such cases, except that such agreement is not required to provide that, as of such date, the system for such reporting

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be fully sufficient with respect to accuracy and reliability throughout the area.

``(iv)

Requirement <<NOTE: Applicability. Deadline.>> for exemption as of fiscal year 2008.--For each of the fiscal years 2008 through 2010, an exemption under clause (ii) for a State applies only if, as of April 1, 2008, the State is substantially in compliance with the agreement under clause (iii)(II).

``(v) Progress toward names-based reporting.--For fiscal year 2009, the Secretary may terminate an exemption under clause (ii) for a State if the State submitted a plan under clause (iii)(I)(aa) and the Secretary determines that the State is not substantially following the plan.

``(vi) Counting of cases in areas with exemptions.--

``(I) In general.--With respect to a State that is under a reporting system for living non-AIDS cases of HIV that is not names-based (referred to in this subparagraph as 'code-based reporting'), the Secretary shall, for purposes of this subparagraph, modify the number of such cases reported for the State in order to adjust for duplicative reporting in and among systems that use code-based reporting.

``(II) Adjustment rate.--The adjustment rate under subclause (I) for a State shall be a reduction of 5 percent in the number of living non-AIDS cases of HIV reported for the State.

``(vii) List of states meeting standard regarding december 31, 2005.--

``(I) In general.--If a State is specified in subclause (II), the State shall be considered to meet the standard described in clause (ii)(I). No other State may be considered to meet such standard.

``(II) Relevant states.--For purposes of subclause (I), the States specified in this subclause are the following: Alaska, Alabama, Arkansas, Arizona, Colorado, Florida, Indiana, Iowa, Idaho, Kansas, Louisiana, Michigan, Minnesota, Missouri, Mississippi, North Carolina, North Dakota, Nebraska, New Jersey, New Mexico, New York, Nevada, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, West Virginia, Wyoming, Guam, and the Virgin Islands.

``(viii) Rules of construction regarding acceptance of reports.--

``(I) Cases of aids.--With respect to a State that is subject to the requirement under clause (i) and is not in compliance with the requirement for names-based reporting of living non-AIDS cases of HIV, the Secretary shall, notwithstanding such noncompliance, accept reports of living cases of AIDS that are in accordance with such clause.

``(II) Applicability of exemption requirements.--The provisions of clauses (ii) through (vii)

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may not be construed as having any legal effect for fiscal year 2010 or any subsequent fiscal year, and accordingly, the status of a State for purposes of such clauses may not be considered after fiscal year 2009.

``(ix) Program for detecting inaccurate or fraudulent counting.--The Secretary shall carry out a program to monitor the reporting of names-based cases for purposes of this subparagraph and to detect instances of inaccurate reporting, including fraudulent reporting.''

(2) Non-ema distribution factor.--Section 2618(a)(2)(C) of the Public Health Service Act (42 U.S.C. 300ff-28(a)(2)(C)) is amended--

(A) in clause (i), by striking ``estimated number of living cases of acquired immune deficiency syndrome''

each place such term appears and inserting ``number of living cases of HIV/AIDS''; and

(B) in clause (ii), by amending such clause to read as follows:

``(ii) a number equal to the sum of--

``(I) the total number of living cases of HIV/AIDS that are within areas in such State that are eligible areas under subpart I of part A for the fiscal year involved, which individual number for an area is the number that applies under section 2601 for the area for such fiscal year; and

``(II) the total number of such cases that are within areas in such State that are transitional areas under section 2609 for such fiscal year, which individual number for an area is the number that applies under such section for the fiscal year.''.

(b) Formula Amendments Generally.--Section 2618(a)(2) of the Public Health Service Act (42 U.S.C. 300ff-28(a)(2)) is amended--

(1) in subparagraph (A)--

(A) by striking ``The amount referred to'' in the matter preceding clause (i) and all that follows through the end of clause (i) and inserting the following: ``For purposes of paragraph (1), the amount referred to in this paragraph for a State (including a territory) for a fiscal year is, subject to subparagraphs (E) and (F)--

``(i) an amount equal to the amount made available under section 2623 for the fiscal year involved for grants pursuant to paragraph (1), subject to subparagraph (G); and''; and

(B) in clause (ii)--

(i) in subclause (I)--

(I) by striking ``.80'' and inserting ``0.75''; and

(II) by striking ``and'' at the end;

(ii) in subclause (II)--

(I) by inserting ``non-EMA'' after ``respective''; and

(II) by striking the period and inserting ``; and''; and

(iii) by adding at the end the following:

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``(III) if the State does not for such fiscal year contain any area that is an eligible area under subpart I of part A or any area that is a transitional area under section 2609 (referred to in this subclause as a `no-EMA State'), the product of 0.05 and the ratio of the number of cases that applies for the State under subparagraph (D) to the sum of the respective numbers of cases that so apply for all no-EMA States.'';

(2) by striking subparagraphs (E) through (H);

(3) by inserting after subparagraph (D) the following subparagraphs:

``(E) Code-based states; limitation on increase in grant.--

``(i) In general.--

For <<NOTE: Applicability.>> each of the fiscal years 2007 through 2009, if code-based reporting (within the meaning of subparagraph (D)(vi)) applies in a State as of the beginning of the fiscal year involved, then notwithstanding any other provision of this paragraph, the amount of the grant pursuant to paragraph (1) for the State may not for the fiscal year involved exceed by more than 5 percent the amount of the grant pursuant to this paragraph for the State for the preceding fiscal year, except that the limitation under this clause may not result in a grant pursuant to paragraph (1) for a fiscal year that is less than the minimum amount that applies to the State under such paragraph for such fiscal year.

``(ii) Use of amounts involved.--For each of the fiscal years 2007 through 2009, amounts available as a result of the limitation under clause (i) shall be made available by the Secretary as additional amounts for grants pursuant to section 2620, subject to subparagraph (H).''; and

(4) by redesignating subparagraph (I) as subparagraph (F).

(c) Separate ADAP Grants.--Section 2618(a)(2)(G) of the Public Health Service Act (42 U.S.C. 300ff-28(a)(2)(G)), as redesignated by subsection (b)(4) of this section, is amended--

(1) in clause (i)--

(A) in the matter preceding subclause (I), by striking ``section 2677'' and inserting ``section 2623'';

(B) in subclause (II), by striking the period at the end and inserting a semicolon; and

(C) by adding after and below subclause (II) the following:

``which product shall then, as applicable, be increased under subparagraph (H).'';

(2) in clause (ii)--

(A) by striking subclauses (I) through (III) and inserting the following:

``(I) In general.--From amounts made available under subclause (V), the Secretary shall award supplemental grants to States described in subclause (II) to enable such States to purchase and distribute to eligible individuals under section 2616(b) pharmaceutical therapeutics described under subsections (c)(2) and (e) of such section.

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``(II) Eligible states.--For purposes of subclause (I), a State shall be an eligible State if the State did

not have unobligated funds subject to reallocation under section 2618(d) in the previous fiscal year and, in accordance with criteria established by the Secretary, demonstrates a severe need for a grant under this clause. For purposes of determining severe need, the Secretary shall consider eligibility standards, formulary composition, the number of eligible individuals to whom a State is unable to provide therapeutics described in section 2616(a), and an unanticipated increase of eligible individuals with HIV/AIDS.

``(III) State requirements.--The Secretary may not make a grant to a State under this clause unless the State agrees that the State will make available (directly or through donations of public or private entities) non-Federal contributions toward the activities to be carried out under the grant in an amount equal to \$1 for each \$4 of Federal funds provided in the grant, except that the Secretary may waive this subclause if the State has otherwise fully complied with section 2617(d) with respect to the grant year involved. The provisions of this subclause shall apply to States that are not required to comply with such section 2617(d).''.

(B) in subclause (IV), by moving the subclause two ems to the left;

(C) in subclause (V), by striking ``3 percent'' and inserting ``5 percent''; and

(D) by striking subclause (VI); and

(3) by adding at the end the following clause:

``(iii) Code-based

states; <<NOTE: Applicability.>> limitation on increase in formula grant.--The limitation under subparagraph (E) (i) applies to grants pursuant to clause (i) of this subparagraph to the same extent and in the same manner as such limitation applies to grants pursuant to paragraph (1), except that the reference to minimum grants does not apply for purposes of this clause. Amounts available as a result of the limitation under the preceding sentence shall be made available by the Secretary as additional amounts for grants under clause (ii) of this subparagraph.''.

(d) Hold Harmless.--Section 2618(a)(2) of the Public Health Service Act (42 U.S.C. 300ff-28(a)(2)), as amended by subsection (b)(4) of this section, is amended by adding at the end the following subparagraph:

``(H) Increase in formula grants.--

``(i) Assurance of amount.--

``(I) General rule.--For fiscal year 2007, the Secretary shall ensure, subject to clauses (ii) through (iv), that the total for a State of the grant

pursuant to paragraph (1) and the grant pursuant to subparagraph (G) is not less than 95 percent of such total for the State for fiscal year 2006.

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``(II) Rule

of <<NOTE: Applicability.>> construction.

--With respect to the application of subclause (I), the 95 percent requirement under such subclause shall apply with respect to each grant awarded under paragraph (1) and with respect to each grant awarded under subparagraph (G).

``(ii) Fiscal year 2007.--For purposes of clause (i) as applied for fiscal year 2007, the references in such clause to subparagraph (G) are deemed to be references to subparagraph (I) as such subparagraph was in effect for fiscal year 2006.

``(iii) Fiscal years 2008 and 2009.--For each of the fiscal years 2008 and 2009, the Secretary shall ensure that the total for a State of the grant pursuant to paragraph (1) and the grant pursuant to subparagraph (G) is not less than 100 percent of such total for the State for fiscal year 2007.

``(iv) Source of funds for increase.--

``(I) In general.--From the amount reserved under section 2623(b)(2) for a fiscal year, and from amounts available for such section pursuant to subsection (d) of this section, the Secretary shall make available such amounts as may be necessary to comply with clause (i).

``(II) Pro rata reduction.--If the amounts referred to in subclause (I) for a fiscal year are insufficient to fully comply with clause (i) for the year, the Secretary, in order to provide the additional funds necessary for such compliance, shall reduce on a pro rata basis the amount of each grant pursuant to paragraph (1) for the fiscal year, other than grants for States for which increases under clause (i) apply and other than States described in paragraph (1)(A)(i)(I). A reduction under the preceding sentence may not be made in an amount that would result in the State involved becoming eligible for such an increase.

``(v) Applicability.--This paragraph may not be construed as having any applicability after fiscal year 2009.''.

(e) Administrative Expenses; Clinical Quality Management.--Section 2618(b) of the Public Health Service Act (42 U.S.C. 300ff-28(b)) is amended--

(1) by redesignating paragraphs (2) through (7) as paragraphs (1) through (6);

(2) in paragraph (2) (as so redesignated)--

(A) by striking ``paragraph (5)'' and inserting ``paragraph (4)''; and

(B) by striking ``paragraph (6)'' and inserting ``paragraph (5)'';

(3) in paragraph (3) (as so redesignated)--

(A) by amending subparagraph (A) to read as follows:

``(A) In general.--Subject to paragraph (4), and except as provided in paragraph (5), a State may not use more than 10 percent of amounts received under a grant awarded under section 2611 for administration.'';

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(B) by redesignating subparagraphs (B) and (C) as subparagraphs (C) and (D), respectively;

(C) by inserting after subparagraph (A) the following:

``(B) Allocations.--In the case of entities and subcontractors to which a State allocates amounts received by the State under a grant under section 2611, the State shall ensure that, of the aggregate amount so allocated, the total of the expenditures by such entities for administrative expenses does not exceed 10 percent (without regard to whether particular entities expend more than 10 percent for such expenses).'';

(D) in subparagraph (C) (as so redesignated), by inserting before the period the following: ``, including a clinical quality management program under subparagraph (E)''; and

(E) by adding at the end the following:

``(E) Clinical quality management.--

``(i) Requirement.--Each State that receives a grant under section 2611 shall provide for the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

``(ii) Use of funds.--

``(I) In general.--From amounts received under a grant awarded under section 2611 for a fiscal year, a State may use for activities associated with the clinical quality management program required in clause (i) not to exceed the lesser of--

``(aa) 5 percent of amounts received under the grant; or

``(bb) \$3,000,000.

``(II) Relation to limitation on administrative expenses.--The costs of a clinical quality management program under clause (i) may not be considered

administrative expenses for purposes of the limitation established in subparagraph (A).'';

- (4) in paragraph (4) (as so redesignated)--
 - (A) by striking ``paragraph (6)'' and inserting ``paragraph (5)''; and
 - (B) by striking ``paragraphs (3) and (4)'' and inserting ``paragraphs (2) and (3)''; and
- (5) in paragraph (5) (as so redesignated), by striking ``paragraphs (3)'' and all that follows through ``(5),'' and inserting the following: ``paragraphs (2) and (3), may, notwithstanding paragraphs (2) through (4),''.

(f) Reallocation for Supplemental Grants.--Section 2618(d) of the Public Health Service Act (42 U.S.C. 300ff-28(d)) is amended to read as follows:

``(d) Reallocation.--Any portion of a grant made to a State under section 2611 for a fiscal year that has not been obligated

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as described in subsection (c) ceases to be available to the State and shall be made available by the Secretary for grants under section 2620, in addition to amounts made available for such grants under section 2623(b) (2).''.

(g) Definitions; Other Technical Amendments.--Section 2618(a) of the Public Health Service Act (42 U.S.C. 300ff-28(a)) is amended--

(1) in paragraph (1), in the matter preceding subparagraph (A), by striking ``section 2677'' and inserting ``section 2623'';

(2) in paragraph (1) (A)--

(A) in the matter preceding clause (i), by striking ``each of the several States and the District of Columbia'' and inserting ``each of the 50 States, the District of Columbia, Guam, and the Virgin Islands (referred to in this paragraph as a `covered State')''; and

(B) in clause (i)--

(i) in subclause (I), by striking ``State or District'' and inserting ``covered State''; and

(ii) in subclause (II)--

(I) by striking ``State or District'' and inserting ``covered State''; and

(II) by inserting ``and'' after the semicolon; and

(3) in paragraph (1) (B), by striking ``each territory of the United States, as defined in paragraph (3),'' and inserting ``each territory other than Guam and the Virgin Islands'';

(4) in paragraph (2) (C) (i), by striking ``or territory''; and

(5) by striking paragraph (3).

SEC. 204. ADDITIONAL AMENDMENTS TO SUBPART I OF PART B.

(a) References to Part B.--Subpart I of part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-21 et seq.) is amended by striking ``this part'' each place such term appears and inserting ``section 2611''.

(b) Hepatitis.--Section 2614(a) (3) of the Public Health Service Act (42 U.S.C. 300ff-24(a) (3)) is amended by inserting ``, including

specialty care and vaccinations for hepatitis co-infection," after "health services".

(c) Application for Grant.--

(1) Coordination.--Section 2617(b) of the Public Health Service Act (42 U.S.C. 300ff-27(b)) is amended--

(A) by redesignating paragraphs (4) through (6) as paragraphs (5) through (7), respectively;

(B) by inserting after paragraph (3), the following:

"(4) the designation of a lead State agency that shall--

"(A) administer all assistance received under this part;

"(B) conduct the needs assessment and prepare the State plan under paragraph (3);

"(C) prepare all applications for assistance under this part;

"(D) receive notices with respect to programs under this title;

"(E) <<NOTE: Deadline. Audits.>> every 2 years, collect and submit to the Secretary all audits, consistent with Office of Management and Budget circular A133, from grantees within the State, including audits regarding funds expended in accordance with this part; and

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"(F) carry out any other duties determined appropriate by the Secretary to facilitate the coordination of programs under this title.";

(C) in paragraph (5) (as so redesignated)--

(i) in subparagraph (E), by striking "and" at the end; and

(ii) by inserting after subparagraph (F) the following:

"(G) includes key outcomes to be measured by all entities in the State receiving assistance under this title; and"; and

(D) in paragraph (7) (as so redesignated), in subparagraph (A)--

(i) by striking "paragraph (5)" and inserting "paragraph (6)"; and

(ii) by striking "paragraph (4)" and inserting "paragraph (5)".

(2) Native american representation.--Section 2617(b)(6) of the Public Health Service Act, as redesignated by paragraph (1)(A) of this subsection, is amended by inserting before "representatives of grantees" the following: "members of a Federally recognized Indian tribe as represented in the State,".

(3) Payer of last resort.--Section 2617(b)(7)(F)(ii) of the Public Health Service Act, as redesignated by paragraph (1)(A) of this subsection, is amended by inserting before the semicolon the following: "(except for a program administered by or providing the services of the Indian Health Service)".

(d) Matching Funds; Applicability of Requirement.--Section 2617(d)(3) of the Public Health Service Act (42 U.S.C. 300ff-27(d)(3)) is amended--

(1) in subparagraph (A), by striking "acquired immune deficiency syndrome" and inserting "HIV/AIDS"; and

(2) in subparagraph (C), by striking "acquired immune

deficiency syndrome'' and inserting ``HIV/AIDS''.

SEC. 205. SUPPLEMENTAL GRANTS ON BASIS OF DEMONSTRATED NEED.

Subpart I of part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-21 et seq.) is amended--

- (1) by redesignating section <<NOTE: 42 USC 300ff-30.>> 2620 as section 2621; and
- (2) by inserting after section 2619 the following:

``SEC. 2620. SUPPLEMENTAL <<NOTE: 42 USC 300ff-29a.>> GRANTS.

``(a) In General.--For the purpose of providing services described in section 2612(a), the Secretary shall make grants to States--

``(1) whose applications under section 2617 have demonstrated the need in the State, on an objective and quantified basis, for supplemental financial assistance to provide such services; and

``(2) that did not, for the most recent grant year pursuant to section 2618(a)(1) or 2618(a)(2)(G)(i) for which data is available, have more than 2 percent of grant funds under such sections canceled or covered by any waivers under section 2622(c).

``(b) Demonstrated Need.--The factors considered by the Secretary in determining whether an eligible area has a demonstrated

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need for purposes of subsection (a)(1) may include any or all of the following:

``(1) The unmet need for such services, as determined under section 2617(b).

``(2) An increasing need for HIV/AIDS-related services, including relative rates of increase in the number of cases of HIV/AIDS.

``(3) The relative rates of increase in the number of cases of HIV/AIDS within new or emerging subpopulations.

``(4) The current prevalence of HIV/AIDS.

``(5) Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area.

``(6) The impact of co-morbid factors, including co-occurring conditions, determined relevant by the Secretary.

``(7) The prevalence of homelessness.

``(8) The prevalence of individuals described under section 2602(b)(2)(M).

``(9) The relevant factors that limit access to health care, including geographic variation, adequacy of health insurance coverage, and language barriers.

``(10) The impact of a decline in the amount received pursuant to section 2618 on services available to all individuals with HIV/AIDS identified and eligible under this title.

``(c) Priority in Making Grants.--The Secretary shall provide funds under this section to a State to address the decline in services related to the decline in the amounts received pursuant to section 2618 consistent with the grant award to the State for fiscal year 2006, to the extent that the factor under subsection (b)(10) (relating to a decline in funding) applies to the State.

``(d) Report on the Awarding of Supplemental Funds.--Not later than 45 days after the awarding of supplemental funds under this section, the Secretary shall submit to Congress a report concerning such funds. Such report shall include information detailing--

``(1) the total amount of supplemental funds available under this section for the year involved;

``(2) the amount of supplemental funds used in accordance with the hold harmless provisions of section 2618(a)(2);

``(3) the amount of supplemental funds disbursed pursuant to subsection (c);

``(4) the disbursement of the remainder of the supplemental funds after taking into account the uses described in paragraphs (2) and (3); and

``(5) the rationale used for the amount of funds disbursed as described under paragraphs (2), (3), and (4).

``(e) Core Medical Services.--The provisions of section 2612(b) apply with respect to a grant under this section to the same extent and in the same manner as such provisions apply with respect to a grant made pursuant to section 2618(a)(1).

``(f) Applicability of Grant Authority.--The authority to make grants under this section applies beginning with the first fiscal year for which amounts are made available for such grants under section 2623(b)(1).''.

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SEC. 206. EMERGING COMMUNITIES.

Section 2621 of the Public Health Service Act, as redesignated by section 205(1) of this Act, is amended--

(1) in the heading for the section, by striking ``supplemental grants'' and inserting ``emerging communities'';

(2) in subsection (b)--

(A) in paragraph (2), by striking ``and'' at the end;

(B) by redesignating paragraph (3) as paragraph (4); and

(C) by inserting after paragraph (2) the following:

``(3) agree that the grant will be used to provide funds directly to emerging communities in the State, separately from other funds under this title that are provided by the State to such communities; and''.

(3) by striking subsections (d) and (e) and inserting the following:

``(d) Definitions of Emerging Community.--For purposes of this section, the term `emerging community' means a metropolitan area (as defined in section 2607) for which there has been reported to and confirmed by the Director of the Centers for Disease Control and Prevention a cumulative total of at least 500, but fewer than 1,000, cases of AIDS during the most recent period of 5 calendar years for which such data are available.

``(e) Continued Status as Emerging Community.--Notwithstanding any other provision of this section, a metropolitan area that is an emerging community for a fiscal year continues to be an emerging community until the metropolitan area fails, for three consecutive fiscal years--

``(1) to meet the requirements of subsection (d); and

``(2) to have a cumulative total of 750 or more living cases of AIDS (reported to and confirmed by the Director of the Centers for Disease Control and Prevention) as of December 31 of

the most recent calendar year for which such data is available.

“(f) Distribution.--The amount of a grant under subsection (a) for a State for a fiscal year shall be an amount equal to the product of--

“(1) the amount available under section 2623(b)(1) for the fiscal year; and

“(2) a percentage equal to the ratio constituted by the number of living cases of HIV/AIDS in emerging communities in the State to the sum of the respective numbers of such cases in such communities for all States.”.

SEC. 207. TIMEFRAME FOR OBLIGATION AND EXPENDITURE OF GRANT FUNDS.

Subpart I of part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-21 et seq.), as amended by section 205, is further amended by adding at the end the following:

“SEC. 2622. <<NOTE: Effective date. 42 USC 300ff-31a.>> TIMEFRAME FOR OBLIGATION AND EXPENDITURE OF GRANT FUNDS.

“(a) Obligation by end of Grant Year.--Effective for fiscal year 2007 and subsequent fiscal years, funds from a grant award made to a State for a fiscal year pursuant to section 2618(a)(1) or 2618(a)(2)(G), or under section 2620 or 2621, are available for obligation by the State through the end of the one-year period

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beginning on the date in such fiscal year on which funds from the award first become available to the State (referred to in this section as the ‘grant year for the award’), except as provided in subsection (c)(1).

“(b) Supplemental Grants; Cancellation of Unobligated Balance of Grant Award.--Effective for fiscal year 2007 and subsequent fiscal years, if a grant award made to a State for a fiscal year pursuant to section 2618(a)(2)(G)(ii), or under section 2620 or 2621, has an unobligated balance as of the end of the grant year for the award--

“(1) the Secretary shall cancel that unobligated balance of the award, and shall require the State to return any amounts from such balance that have been disbursed to the State; and

“(2) the funds involved shall be made available by the Secretary as additional amounts for grants pursuant to section 2620 for the first fiscal year beginning after the fiscal year in which the Secretary obtains the information necessary for determining that the balance is required under paragraph (1) to be canceled, except that the availability of the funds for such grants is subject to section 2618(a)(2)(H) as applied for such year.

“(c) Formula Grants; Cancellation of Unobligated Balance of Grant Award; Waiver Permitting Carryover.--

“(1) In general.--Effective for fiscal year 2007 and subsequent fiscal years, if a grant award made to a State for a fiscal year pursuant to section 2618(a)(1) or 2618(a)(2)(G)(i) has an unobligated balance as of the end of the grant year for the award, the Secretary shall cancel that unobligated balance of the award, and shall require the State to return any amounts from such balance that have been disbursed to the State, unless--

“(A) before the end of the grant year, the State submits to the Secretary a written application for a waiver of the cancellation, which application includes a

description of the purposes for which the State intends to expend the funds involved; and

``(B) the Secretary approves the waiver.

``(2) Expenditure by end of carryover year.--With respect to a waiver under paragraph (1) that is approved for a balance that is unobligated as of the end of a grant year for an award:

``(A) The unobligated funds are available for expenditure by the State involved for the one-year period beginning upon the expiration of the grant year (referred to in this section as the 'carryover year').

``(B) If the funds are not expended by the end of the carryover year, the Secretary shall cancel that unexpended balance of the award, and shall require the State to return any amounts from such balance that have been disbursed to the State.

``(3) Use of cancelled balances.--In the case of any balance of a grant award that is cancelled under paragraph (1) or (2)(B), the grant funds involved shall be made available by the Secretary as additional amounts for grants under section 2620 for the first fiscal year beginning after the fiscal year in which the Secretary obtains the information necessary for determining that the balance is required under such paragraph

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to be canceled, except that the availability of the funds for such grants is subject to section 2618(a)(2)(H) as applied for such year.

``(4) Corresponding reduction in future grant.--

``(A) In general.--In the case of a State for which a balance from a grant award made pursuant to section 2618(a)(1) or 2618(a)(2)(G)(i) is unobligated as of the end of the grant year for the award--

``(i) the Secretary shall reduce, by the same amount as such unobligated balance, the amount of the grant under such section for the first fiscal year beginning after the fiscal year in which the Secretary obtains the information necessary for determining that such balance was unobligated as of the end of the grant year (which requirement for a reduction applies without regard to whether a waiver under paragraph (1) has been approved with respect to such balance); and

``(ii) the grant funds involved in such reduction shall be made available by the Secretary as additional funds for grants under section 2620 for such first fiscal year, subject to section 2618(a)(2)(H);

except that this subparagraph does not apply to the State if the amount of the unobligated balance was 2 percent or less.

``(B) Relation to increases in grant.--A reduction under subparagraph (A) for a State for a fiscal year may not be taken into account in applying section 2618(a)(2)(H) with respect to the State for the subsequent fiscal year.

``(d) Treatment of Drug Rebates.--For purposes of this section, funds that are drug rebates referred to in section 2616(g) may not be considered part of any grant award referred to in subsection (a).''

SEC. 208. AUTHORIZATION OF APPROPRIATIONS FOR SUBPART I OF PART B.

Subpart I of part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-21 et seq.), as amended by section 207, is further amended by adding at the end the following:

SEC. 2623. <<NOTE: 42 USC 300ff-31b.>> AUTHORIZATION OF APPROPRIATIONS.

(a) In General.--For the purpose of carrying out this subpart, there are authorized to be appropriated \$1,195,500,000 for fiscal year 2007, \$1,239,500,000 for fiscal year 2008, and \$1,285,200,000 for fiscal year 2009. Amounts appropriated under the preceding sentence for a fiscal year are available for obligation by the Secretary until the end of the second succeeding fiscal year.

(b) Reservation of Amounts.--

(1) Emerging communities.--Of the amount appropriated under subsection (a) for a fiscal year, the Secretary shall reserve \$5,000,000 for grants under section 2621.

(2) Supplemental grants.--

(A) In general.--Of the amount appropriated under subsection (a) for a fiscal year in excess of the 2006 adjusted amount, the Secretary shall reserve 1/3 for grants under section 2620, except that the availability of the reserved funds for such grants is subject to section 2618(a)(2)(H) as applied for such year, and except that any amount appropriated exclusively for carrying out section 2616 (and,

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accordingly, distributed under section 2618(a)(2)(G)) is not subject to this subparagraph.

(B) 2006 adjusted amount.--For purposes of subparagraph (A), the term '2006 adjusted amount' means the amount appropriated for fiscal year 2006 under section 2677(b) (as such section was in effect for such fiscal year), excluding any amount appropriated for such year exclusively for carrying out section 2616 (and, accordingly, distributed under section 2618(a)(2)(I), as so in effect).'

SEC. 209. EARLY DIAGNOSIS GRANT PROGRAM.

Section 2625 of the Public Health Service Act (42 U.S.C. 300ff-33) is amended to read as follows:

SEC. 2625. EARLY DIAGNOSIS GRANT PROGRAM.

(a) In General.--In the case of States whose laws or regulations are in accordance with subsection (b), the Secretary, acting through the Centers for Disease Control and Prevention, shall make grants to such States for the purposes described in subsection (c).

(b) Description of Compliant States.--For purposes of subsection (a), the laws or regulations of a State are in accordance with this subsection if, under such laws or regulations (including programs carried out pursuant to the discretion of State officials), both of the policies described in paragraph (1) are in effect, or both of the policies described in paragraph (2) are in effect, as follows:

(1) (A) Voluntary opt-out testing of pregnant women.

(B) Universal testing of newborns.

((2)(A) Voluntary opt-out testing of clients at sexually transmitted disease clinics.

((B) Voluntary opt-out testing of clients at substance abuse treatment centers.

The Secretary shall periodically ensure that the applicable policies are being carried out and recertify compliance.

((c) Use of Funds.--A State may use funds provided under subsection (a) for HIV/AIDS testing (including rapid testing), prevention counseling, treatment of newborns exposed to HIV/AIDS, treatment of mothers infected with HIV/AIDS, and costs associated with linking those diagnosed with HIV/AIDS to care and treatment for HIV/AIDS.

((d) Application.--A State that is eligible for the grant under subsection (a) shall submit an application to the Secretary, in such form, in such manner, and containing such information as the Secretary may require.

((e) Limitation on Amount of Grant.--A grant under subsection (a) to a State for a fiscal year may not be made in an amount exceeding \$10,000,000.

((f) Rule of Construction.--Nothing in this section shall be construed to pre-empt State laws regarding HIV/AIDS counseling and testing.

((g) Definitions.--In this section:

((1) The term 'voluntary opt-out testing' means HIV/AIDS testing--

((A) that is administered to an individual seeking other health care services; and

((B) in which--

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((i) pre-test counseling is not required but the individual is informed that the individual will receive an HIV/AIDS test and the individual may opt out of such testing; and

((ii) for those individuals with a positive test result, post-test counseling (including referrals for care) is provided and confidentiality is protected.

((2) The term 'universal testing of newborns' means HIV/AIDS testing that is administered within 48 hours of delivery to--

((A) all infants born in the State; or

((B) all infants born in the State whose mother's HIV/AIDS status is unknown at the time of delivery.

((h) Authorization of Appropriations.--Of the funds appropriated annually to the Centers for Disease Control and Prevention for HIV/AIDS prevention activities, \$30,000,000 shall be made available for each of the fiscal years 2007 through 2009 for grants under subsection (a), of which \$20,000,000 shall be made available for grants to States with the policies described in subsection (b)(1), and \$10,000,000 shall be made available for grants to States with the policies described in subsection (b)(2). Funds provided under this section are available until expended.''.

SEC. 210. CERTAIN PARTNER NOTIFICATION PROGRAMS; AUTHORIZATION OF APPROPRIATIONS.

Section 2631(d) of the Public Health Service Act (42 U.S.C. 300ff-38(d)) is amended by striking 'there are' and all that follows and

inserting the following: ``there is authorized to be appropriated \$10,000,000 for each of the fiscal years 2007 through 2009.''

TITLE III--EARLY INTERVENTION SERVICES

SEC. 301. ESTABLISHMENT OF PROGRAM; CORE MEDICAL SERVICES.

(a) In General.--Section 2651 of the Public Health Service Act (42 U.S.C. 300ff-51) is amended to read as follows:

``SEC. 2651. ESTABLISHMENT OF A PROGRAM.

``(a) In General.--For the purposes described in subsection (b), the Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to public and nonprofit private entities specified in section 2652(a).

``(b) Requirements.--

``(1) In general.--The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees to expend the grant only for--

``(A) core medical services described in subsection (c);

``(B) support services described in subsection (d);
and

``(C) administrative expenses as described in section 2664(g) (3).

``(2) Early intervention services.--An applicant for a grant under subsection (a) shall expend not less than 50 percent of the amount received under the grant for the services described in subparagraphs (B) through (E) of subsection (e) (1) for individuals with HIV/AIDS.

``(c) Required Funding for Core Medical Services.--

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``(1) In general.--With respect to a grant under subsection (a) to an applicant for a fiscal year, the applicant shall, of the portion of the grant remaining after reserving amounts for purposes of paragraphs (3) and (5) of section 2664(g), use not less than 75 percent to provide core medical services that are needed in the area involved for individuals with HIV/AIDS who are identified and eligible under this title (including services regarding the co-occurring conditions of the individuals).

``(2) Waiver.--

``(A) The Secretary shall waive the application of paragraph (1) with respect to an applicant for a grant if the Secretary determines that, within the service area of the applicant--

``(i) there are no waiting lists for AIDS Drug Assistance Program services under section 2616;
and

``(ii) core medical services are available to all individuals with HIV/AIDS identified and eligible under this title.

``(B) Notification of waiver status.--When informing an applicant that a grant under subsection (a) is being made for a fiscal year, the Secretary shall inform the applicant whether a waiver under subparagraph (A) is in effect for the fiscal year.

``(3) Core medical services.--For purposes of this

subsection, the term 'core medical services', with respect to an individual with HIV/AIDS (including the co-occurring conditions of the individual) means the following services:

- ``(A) Outpatient and ambulatory health services.
- ``(B) AIDS Drug Assistance Program treatments under section 2616.
- ``(C) AIDS pharmaceutical assistance.
- ``(D) Oral health care.
- ``(E) Early intervention services described in subsection (e).
- ``(F) Health insurance premium and cost sharing assistance for low-income individuals in accordance with section 2615.
- ``(G) Home health care.
- ``(H) Medical nutrition therapy.
- ``(I) Hospice services.
- ``(J) Home and community-based health services as defined under section 2614(c).
- ``(K) Mental health services.
- ``(L) Substance abuse outpatient care.
- ``(M) Medical case management, including treatment adherence services.

``(d) Support Services.--

``(1) In general.--For purposes of this section, the term 'support services' means services, subject to the approval of the Secretary, that are needed for individuals with HIV/AIDS to achieve their medical outcomes (such as respite care for persons caring for individuals with HIV/AIDS, outreach services, medical transportation, linguistic services, and referrals for health care and support services).

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``(2) Definition of medical outcomes.--In this section, the term 'medical outcomes' means those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

``(e) Specification of Early Intervention Services.--

``(1) In general.--The early intervention services referred to in this section are--

- ``(A) counseling individuals with respect to HIV/AIDS in accordance with section 2662;
- ``(B) testing individuals with respect to HIV/AIDS, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV/AIDS;
- ``(C) referrals described in paragraph (2);
- ``(D) other clinical and diagnostic services regarding HIV/AIDS, and periodic medical evaluations of individuals with HIV/AIDS; and
- ``(E) providing the therapeutic measures described in subparagraph (B).

``(2) Referrals.--The services referred to in paragraph (1)(C) are referrals of individuals with HIV/AIDS to appropriate providers of health and support services, including, as appropriate--

``(A) to entities receiving amounts under part A or B for the provision of such services;

``(B) to biomedical research facilities of institutions of higher education that offer experimental treatment for such disease, or to community-based organizations or other entities that provide such treatment; or

``(C) to grantees under section 2671, in the case of a pregnant woman.

``(3) Requirement of availability of all early intervention services through each grantee.--

``(A) In general.--The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees that each of the early intervention services specified in paragraph (2) will be available through the grantee. With respect to compliance with such agreement, such a grantee may expend the grant to provide the early intervention services directly, and may expend the grant to enter into agreements with public or nonprofit private entities, or private for-profit entities if such entities are the only available provider of quality HIV care in the area, under which the entities provide the services.

``(B) Other requirements.--Grantees described in--

``(i) subparagraphs (A), (D), (E), and (F) of section 2652(a)(1) shall use not less than 50 percent of the amount of such a grant to provide the services described in subparagraphs (A), (B), (D), and (E) of paragraph (1) directly and on-site or at sites where other primary care services are rendered; and

``(ii) subparagraphs (B) and (C) of section 2652(a)(1) shall ensure the availability of early intervention services through a system of linkages to

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community-based primary care providers, and to establish mechanisms for the referrals described in paragraph (1)(C), and for follow-up concerning such referrals.''.

(b) Administrative Expenses; Clinical Quality Management Program.--Section 2664(g) of the Public Health Service Act (42 U.S.C. 300ff-64(g)) is amended--

(1) in paragraph (3), by amending the paragraph to read as follows:

``(3) the applicant will not expend more than 10 percent of the grant for administrative expenses with respect to the grant, including planning and evaluation, except that the costs of a clinical quality management program under paragraph (5) may not be considered administrative expenses for purposes of such limitation;''; and

(2) in paragraph (5), by inserting ``clinical'' before ``quality management''.

SEC. 302. ELIGIBLE ENTITIES; PREFERENCES; PLANNING AND DEVELOPMENT GRANTS.

(a) Minimum Qualification of Grantees.--Section 2652(a) of the

Public Health Service Act (42 U.S.C. 300ff-52(a)) is amended to read as follows:

“(a) Eligible Entities.--

“(1) In general.--The entities referred to in section 2651(a) are public entities and nonprofit private entities that are--

“(A) federally-qualified health centers under section 1905(1)(2)(B) of the Social Security Act;

“(B) grantees under section 1001 (regarding family planning) other than States;

“(C) comprehensive hemophilia diagnostic and treatment centers;

“(D) rural health clinics;

“(E) health facilities operated by or pursuant to a contract with the Indian Health Service;

“(F) community-based organizations, clinics, hospitals and other health facilities that provide early intervention services to those persons infected with HIV/AIDS through intravenous drug use; or

“(G) nonprofit private entities that provide comprehensive primary care services to populations at risk of HIV/AIDS, including faith-based and community-based organizations.

“(2) Underserved populations.--Entities described in paragraph (1) shall serve underserved populations which may include minority populations and Native American populations, ex-offenders, individuals with comorbidities including hepatitis B or C, mental illness, or substance abuse, low-income populations, inner city populations, and rural populations.”.

(b) Preferences in Making Grants.--Section 2653 of the Public Health Service Act (42 U.S.C. 300ff-53) is amended--

(1) in subsection (b)(1)--

(A) in subparagraph (A), by striking “acquired immune deficiency syndrome” and inserting “HIV/AIDS”; and

(B) in subparagraph (D), by inserting before the semicolon the following: “and the number of cases of individuals co-infected with HIV/AIDS and hepatitis B or C”; and

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(2) in subsection (d)(2), by striking “special consideration” and inserting “preference”.

(c) Planning and Development Grants.--Section 2654(c) of the Public Health Service Act (42 U.S.C. 300ff-54(c)) is amended--

(1) in paragraph (1)--

(A) in subparagraph (A), by striking “HIV”; and

(B) in subparagraph (B), by striking “HIV” and inserting “HIV/AIDS”; and

(2) in paragraph (3), by striking “or underserved communities” and inserting “areas or to underserved populations”.

SEC. 303. AUTHORIZATION OF APPROPRIATIONS.

Section 2655 of the Public Health Service Act (42 U.S.C. 300ff-55) is amended by striking “such sums” and all that follows through “2005” and inserting “, \$218,600,000 for fiscal year 2007,

\$226,700,000 for fiscal year 2008, and \$235,100,000 for fiscal year 2009''.

SEC. 304. CONFIDENTIALITY AND INFORMED CONSENT.

Section 2661 of the Public Health Service Act (42 U.S.C. 300ff-61) is amended to read as follows:

``SEC. 2661. CONFIDENTIALITY AND INFORMED CONSENT.

``(a) Confidentiality.--The Secretary may not make a grant under this part unless, in the case of any entity applying for a grant under section 2651, the entity agrees to ensure that information regarding the receipt of early intervention services pursuant to the grant is maintained confidentially in a manner not inconsistent with applicable law.

``(b) Informed Consent.--The Secretary may not make a grant under this part unless the applicant for the grant agrees that, in testing an individual for HIV/AIDS, the applicant will test an individual only after the individual confirms that the decision of the individual with respect to undergoing such testing is voluntarily made.''.

SEC. 305. PROVISION OF CERTAIN COUNSELING SERVICES.

Section 2662 of the Public Health Service Act (42 U.S.C. 300ff-62) is amended to read as follows:

``SEC. 2662. PROVISION OF CERTAIN COUNSELING SERVICES.

``(a) Counseling of Individuals With Negative Test Results.--The Secretary may not make a grant under this part unless the applicant for the grant agrees that, if the results of testing conducted for HIV/AIDS indicate that an individual does not have such condition, the applicant will provide the individual information, including--

``(1) measures for prevention of, exposure to, and transmission of HIV/AIDS, hepatitis B, hepatitis C, and other sexually transmitted diseases;

``(2) the accuracy and reliability of results of testing for HIV/AIDS, hepatitis B, and hepatitis C;

``(3) the significance of the results of such testing, including the potential for developing AIDS, hepatitis B, or hepatitis C;

``(4) the appropriateness of further counseling, testing, and education of the individual regarding HIV/AIDS and other sexually transmitted diseases;

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``(5) if diagnosed with chronic hepatitis B or hepatitis C co-infection, the potential of developing hepatitis-related liver disease and its impact on HIV/AIDS; and

``(6) information regarding the availability of hepatitis B vaccine and information about hepatitis treatments.

``(b) Counseling of Individuals With Positive Test Results.--The Secretary may not make a grant under this part unless the applicant for the grant agrees that, if the results of testing for HIV/AIDS indicate that the individual has such condition, the applicant will provide to the individual appropriate counseling regarding the condition, including--

``(1) information regarding--

``(A) measures for prevention of, exposure to, and transmission of HIV/AIDS, hepatitis B, and hepatitis C;

``(B) the accuracy and reliability of results of testing for HIV/AIDS, hepatitis B, and hepatitis C; and

``(C) the significance of the results of such testing, including the potential for developing AIDS, hepatitis B, or hepatitis C;

``(2) reviewing the appropriateness of further counseling, testing, and education of the individual regarding HIV/AIDS and other sexually transmitted diseases; and

``(3) providing counseling--

``(A) on the availability, through the applicant, of early intervention services;

``(B) on the availability in the geographic area of appropriate health care, mental health care, and social and support services, including providing referrals for such services, as appropriate;

``(C) (i) that explains the benefits of locating and counseling any individual by whom the infected individual may have been exposed to HIV/AIDS, hepatitis B, or hepatitis C and any individual whom the infected individual may have exposed to HIV/AIDS, hepatitis B, or hepatitis C; and

``(ii) that emphasizes it is the duty of infected individuals to disclose their infected status to their sexual partners and their partners in the sharing of hypodermic needles; that provides advice to infected individuals on the manner in which such disclosures can be made; and that emphasizes that it is the continuing duty of the individuals to avoid any behaviors that will expose others to HIV/AIDS, hepatitis B, or hepatitis C; and

``(D) on the availability of the services of public health authorities with respect to locating and counseling any individual described in subparagraph (C);

``(4) if diagnosed with chronic hepatitis B or hepatitis C co-infection, the potential of developing hepatitis-related liver disease and its impact on HIV/AIDS; and

``(5) information regarding the availability of hepatitis B vaccine.

``(c) Additional Requirements Regarding Appropriate Counseling.--The Secretary may not make a grant under this part unless the applicant for the grant agrees that, in counseling individuals with respect to HIV/AIDS, the applicant will ensure that the counseling is provided under conditions appropriate to the needs of the individuals.

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``(d) Counseling of Emergency Response Employees.--The Secretary may not make a grant under this part to a State unless the State agrees that, in counseling individuals with respect to HIV/AIDS, the State will ensure that, in the case of emergency response employees, the counseling is provided to such employees under conditions appropriate to the needs of the employees regarding the counseling.

``(e) Rule of Construction Regarding Counseling Without Testing.--Agreements made pursuant to this section may not be construed to prohibit any grantee under this part from expending the grant for the purpose of providing counseling services described in this section to an individual who does not undergo testing for HIV/AIDS as a result of the grantee or the individual determining that such testing of the

individual is not appropriate.''.

SEC. 306. GENERAL PROVISIONS.

(a) Applicability of Certain Requirements.--Section 2663 of the Public Health Service Act (42 U.S.C. 300ff-63) is amended by striking ``will, without'' and all that follows through ``be carried'' and inserting ``with funds appropriated through this Act will be carried''.

(b) Additional Required Agreements.--Section 2664(a) of the Public Health Service Act (42 U.S.C. 300ff-64(a)) is amended--

(1) in paragraph (1)--

(A) in subparagraph (A), by striking ``and'' at the end;

(B) in subparagraph (B), by striking ``and'' at the end; and

(C) by adding at the end the following:

``(C) information regarding how the expected expenditures of the grant are related to the planning process for localities funded under part A (including the planning process described in section 2602) and for States funded under part B (including the planning process described in section 2617(b)); and

``(D) a specification of the expected expenditures and how those expenditures will improve overall client outcomes, as described in the State plan under section 2617(b);'';

(2) in paragraph (2), by striking the period and inserting a semicolon; and

(3) by adding at the end the following:

``(3) the applicant agrees to provide additional documentation to the Secretary regarding the process used to obtain community input into the design and implementation of activities related to such grant; and

``(4) the applicant agrees to submit, every 2 years, to the lead State agency under section 2617(b)(4) audits, consistent with Office of Management and Budget circular A133, regarding funds expended in accordance with this title and shall include necessary client level data to complete unmet need calculations and Statewide coordinated statements of need process.''.

(c) Payer of Last Resort.--Section 2664(f)(1)(A) of the Public Health Service Act (42 U.S.C. 300ff-64(f)(1)(A)) is amended by inserting ``(except for a program administered by or providing the services of the Indian Health Service)'' before the semicolon.

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TITLE IV--WOMEN, INFANTS, CHILDREN, AND YOUTH

SEC. 401. WOMEN, INFANTS, CHILDREN, AND YOUTH.

Part D of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-71 et seq.) is amended to read as follows:

``PART D--WOMEN, INFANTS, CHILDREN, AND YOUTH

``SEC. 2671. <<NOTE: 42 USC 300ff-71.>> GRANTS FOR COORDINATED SERVICES AND ACCESS TO RESEARCH FOR WOMEN, INFANTS, CHILDREN, AND YOUTH.

``(a) In General.--The Secretary, acting through the Administrator

of the Health Resources and Services Administration, shall award grants to public and nonprofit private entities (including a health facility operated by or pursuant to a contract with the Indian Health Service) for the purpose of providing family-centered care involving outpatient or ambulatory care (directly or through contracts) for women, infants, children, and youth with HIV/AIDS.

``(b) Additional Services for Patients and Families.--Funds provided under grants awarded under subsection (a) may be used for the following support services:

``(1) Family-centered care including case management.

``(2) Referrals for additional services including--

``(A) referrals for inpatient hospital services, treatment for substance abuse, and mental health services; and

``(B) referrals for other social and support services, as appropriate.

``(3) Additional services necessary to enable the patient and the family to participate in the program established by the applicant pursuant to such subsection including services designed to recruit and retain youth with HIV.

``(4) The provision of information and education on opportunities to participate in HIV/AIDS-related clinical research.

``(c) Coordination With Other Entities.--A grant awarded under subsection (a) may be made only if the applicant provides an agreement that includes the following:

``(1) The applicant will coordinate activities under the grant with other providers of health care services under this Act, and under title V of the Social Security Act, including programs promoting the reduction and elimination of risk of HIV/AIDS for youth.

``(2) The applicant will participate in the statewide coordinated statement of need under part B (where it has been initiated by the public health agency responsible for administering grants under part B) and in revisions of such statement.

``(3) <<NOTE: Deadline. Audits.>> The applicant will every 2 years submit to the lead State agency under section 2617(b)(4) audits regarding funds expended in accordance with this title and shall include necessary client-level data to complete unmet need calculations and Statewide coordinated statements of need process.

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``(d) Administration; Application.--A grant may only be awarded to an entity under subsection (a) if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section. Such application shall include the following:

``(1) Information regarding how the expected expenditures of the grant are related to the planning process for localities funded under part A (including the planning process outlined in section 2602) and for States funded under part B (including the planning process outlined in section 2617(b)).

``(2) A specification of the expected expenditures and how those expenditures will improve overall patient outcomes, as outlined as part of the State plan (under section 2617(b)) or through additional outcome measures.

``(e) Annual Review of Programs; Evaluations.--

``(1) Review regarding access to and participation in programs.--With <<NOTE: Deadline.>> respect to a grant under subsection (a) for an entity for a fiscal year, the Secretary shall, not later than 180 days after the end of the fiscal year, provide for the conduct and completion of a review of the operation during the year of the program carried out under such subsection by the entity. The purpose of such review shall be the development of recommendations, as appropriate, for improvements in the following:

``(A) Procedures used by the entity to allocate opportunities and services under subsection (a) among patients of the entity who are women, infants, children, or youth.

``(B) Other procedures or policies of the entity regarding the participation of such individuals in such program.

``(2) Evaluations.----The <<NOTE: Contracts.>> Secretary shall, directly or through contracts with public and private entities, provide for evaluations of programs carried out pursuant to subsection (a).

``(f) Administrative Expenses.--

``(1) Limitation.--A grantee may not use more than 10 percent of amounts received under a grant awarded under this section for administrative expenses.

``(2) Clinical quality management program.--A grantee under this section shall implement a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

``(g) Training and Technical Assistance.--From the amounts appropriated under subsection (i) for a fiscal year, the Secretary may use not more than 5 percent to provide, directly or through contracts with public and private entities (which may include grantees under subsection (a)), training and technical assistance to assist applicants and grantees under subsection (a) in complying with the requirements of this section.

``(h) Definitions.--In this section:

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``(1) Administrative expenses.--The term 'administrative expenses' means funds that are to be used by grantees for grant management and monitoring activities, including costs related to any staff or activity unrelated to services or indirect costs.

``(2) Indirect costs.--The term 'indirect costs' means costs included in a Federally negotiated indirect rate.

``(3) Services.--The term 'services' means--

``(A) services that are provided to clients to meet the goals and objectives of the program under this section, including the provision of professional, diagnostic, and therapeutic services by a primary care provider or a referral to and provision of specialty care; and

((B) services that sustain program activity and contribute to or help improve services under subparagraph (A).

((i) Authorization of Appropriations.--For the purpose of carrying out this section, there are authorized to be appropriated, \$71,800,000 for each of the fiscal years 2007 through 2009.'').

SEC. 402. GAO REPORT.

Not later than 24 months after the date of enactment of this Act, the Comptroller General of the Government Accountability Office shall conduct an evaluation, and submit to Congress a report, concerning the funding provided for under part D of title XXVI of the Public Health Service Act to determine--

(1) how funds are used to provide the administrative expenses, indirect costs, and services, as defined in section 2671(h) of such title, for individuals with HIV/AIDS;

(2) how funds are used to provide the administrative expenses, indirect costs, and services, as defined in section 2671(h) of such title, to family members of women, infants, children, and youth infected with HIV/AIDS;

(3) how funds are used to provide family-centered care involving outpatient or ambulatory care authorized under section 2671(a) of such title;

(4) how funds are used to provide additional services authorized under section 2671(b) of such title; and

(5) how funds are used to help identify HIV-positive pregnant women and their children who are exposed to HIV and connect them with care that can improve their health and prevent perinatal transmission.

TITLE V--GENERAL PROVISIONS

SEC. 501. GENERAL PROVISIONS.

Part E of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-80 et seq.) is amended to read as follows:

((PART E--GENERAL PROVISIONS

((SEC. 2681. <<NOTE: 42 USC 300ff-81.>> COORDINATION.

((a) Requirement.--The Secretary shall ensure that the Health Resources and Services Administration, the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and the Centers for Medicare & Medicaid

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Services coordinate the planning, funding, and implementation of Federal HIV programs (including all minority AIDS initiatives of the Public Health Service, including under section 2693) to enhance the continuity of care and prevention services for individuals with HIV/AIDS or those at risk of such disease. The Secretary shall consult with other Federal agencies, including the Department of Veterans Affairs, as needed and utilize planning information submitted to such agencies by the States and entities eligible for assistance under this title.

((b) Report.--The Secretary shall biennially prepare and submit to the appropriate committees of the Congress a report concerning the coordination efforts at the Federal, State, and local levels described

in this section, including a description of Federal barriers to HIV program integration and a strategy for eliminating such barriers and enhancing the continuity of care and prevention services for individuals with HIV/AIDS or those at risk of such disease.

((c) Integration by State.--As a condition of receipt of funds under this title, a State shall provide assurances to the Secretary that health support services funded under this title will be integrated with other such services, that programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV/AIDS is enhanced.

((d) Integration by Local or Private Entities.--As a condition of receipt of funds under this title, a local government or private nonprofit entity shall provide assurances to the Secretary that services funded under this title will be integrated with other such services, that programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.

SEC. 2682. <<NOTE: 42 USC 300ff-82.>> AUDITS.

((a) In General.--For <<NOTE: Effective date.>> fiscal year 2009, and each subsequent fiscal year, the Secretary may reduce the amounts of grants under this title to a State or political subdivision of a State for a fiscal year if, with respect to such grants for the second preceding fiscal year, the State or subdivision fails to prepare audits in accordance with the procedures of section 7502 of title 31, United States Code. The Secretary shall annually select representative samples of such audits, prepare summaries of the selected audits, and submit the summaries to the Congress.

((b) Posting on the Internet.--All audits that the Secretary receives from the State lead agency under section 2617(b)(4) shall be posted, in their entirety, on the Internet website of the Health Resources and Services Administration.

SEC. 2683. PUBLIC <<NOTE: 42 USC 300ff-83.>> HEALTH EMERGENCY.

((a) In General.--In an emergency area and during an emergency period, the Secretary shall have the authority to waive such requirements of this title to improve the health and safety of those receiving care under this title and the general public, except that the Secretary may not expend more than 5 percent of the funds allocated under this title for sections 2620 and section 2603(b).

((b) Emergency Area and Emergency Period.--In this section:

((1) Emergency area.--The term 'emergency area' means a geographic area in which there exists--

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((A) an emergency or disaster declared by the President pursuant to the National Emergencies Act or the Robert T. Stafford Disaster Relief and Emergency Assistance Act; or

((B) a public health emergency declared by the Secretary pursuant to section 319.

((2) Emergency period.--The term 'emergency period' means the period in which there exists--

((A) an emergency or disaster declared by the President pursuant to the National Emergencies Act or the Robert T. Stafford Disaster Relief and Emergency Assistance Act; or

((B) a public health emergency declared by the Secretary pursuant to section 319.

((c) Unobligated Funds.--If funds under a grant under this section are not expended for an emergency in the fiscal year in which the emergency is declared, such funds shall be returned to the Secretary for reallocation under sections 2603(b) and 2620.

SEC. 2684. <<NOTE: 42 USC 300ff-84.>> PROHIBITION ON PROMOTION OF CERTAIN ACTIVITIES.

None of the funds appropriated under this title shall be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual. Funds authorized under this title may be used to provide medical treatment and support services for individuals with HIV.

SEC. 2685. <<NOTE: 42 USC 300ff-85.>> PRIVACY PROTECTIONS.

(a) In General.--The Secretary shall ensure that any information submitted to, or collected by, the Secretary under this title excludes any personally identifiable information.

(b) Definition.--In this section, the term 'personally identifiable information' has the meaning given such term under the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

SEC. 2686. <<NOTE: 42 USC 300ff-86.>> GAO REPORT.

The Comptroller General of the Government Accountability Office shall biennially submit to the appropriate committees of Congress a report that includes a description of Federal, State, and local barriers to HIV program integration, particularly for racial and ethnic minorities, including activities carried out under subpart III of part F, and recommendations for enhancing the continuity of care and the provision of prevention services for individuals with HIV/AIDS or those at risk for such disease. Such report shall include a demonstration of the manner in which funds under this subpart are being expended and to what extent the services provided with such funds increase access to prevention and care services for individuals with HIV/AIDS and build stronger community linkages to address HIV prevention and care for racial and ethnic minority communities.

SEC. 2687. <<NOTE: 42 USC 300ff-87.>> SEVERITY OF NEED INDEX.

(a) Development <<NOTE: Deadline.>> of Index.--Not later than September 30, 2008, the Secretary shall develop and submit to the appropriate committees of Congress a severity of need index in accordance with subsection (c).

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(b) Definition of Severity of Need Index.--In this section, the term 'severity of need index' means the index of the relative needs of individuals within a State or area, as identified by a number of different factors, and is a factor or set of factors that is multiplied by the number of living HIV/AIDS cases in a State or area, providing different weights to those cases based on needs. Such factors or set of factors may be different for different components of the provisions under this title.

``(c) Requirements for Secretarial Submission.--When the Secretary submits to the appropriate committees of Congress the severity of need index under subsection (a), the Secretary shall provide the following:

``(1) Methodology for and rationale behind developing the severity of need index, including information related to the field testing of the severity of need index.

``(2) An independent contractor analysis of activities carried out under paragraph (1).

``(3) Information regarding the process by which the Secretary received community input regarding the application and development of the severity of need index.

``(d) Annual Reports.--If the Secretary fails to submit the severity of need index under subsection (a) in either of fiscal years 2007 or 2008, the Secretary shall prepare and submit to the appropriate committees of Congress a report for such fiscal year--

``(1) that updates progress toward having client level data;

``(2) that updates the progress toward having a severity of need index, including information related to the methodology and process for obtaining community input; and

``(3) that, as applicable, states whether the Secretary could develop a severity of need index before fiscal year 2009.

``SEC. 2688. <<NOTE: 42 USC 300ff-88.>> DEFINITIONS.

``For purposes of this title:

``(1) AIDS.--The term 'AIDS' means acquired immune deficiency syndrome.

``(2) Co-occurring conditions.--The term 'co-occurring conditions' means one or more adverse health conditions in an individual with HIV/AIDS, without regard to whether the individual has AIDS and without regard to whether the conditions arise from HIV.

``(3) Counseling.--The term 'counseling' means such counseling provided by an individual trained to provide such counseling.

``(4) Family-centered care.--The term 'family-centered care' means the system of services described in this title that is targeted specifically to the special needs of infants, children, women and families. Family-centered care shall be based on a partnership between parents, professionals, and the community designed to ensure an integrated, coordinated, culturally sensitive, and community-based continuum of care for children, women, and families with HIV/AIDS.

``(5) Families with hiv/aids.--The term 'families with HIV/AIDS' means families in which one or more members have HIV/AIDS.

``(6) HIV.--The term 'HIV' means infection with the human immunodeficiency virus.

``(7) HIV/AIDS.--

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``(A) In general.--The term 'HIV/AIDS' means HIV, and includes AIDS and any condition arising from AIDS.

``(B) Counting of cases.--The term 'living cases of HIV/AIDS', with respect to the counting of cases in a geographic area during a period of time, means the sum of--

``(i) the number of living non-AIDS cases of HIV in the area; and

``(ii) the number of living cases of AIDS in

the area.

``(C) Non-aids cases.--The term `non-AIDS', with respect to a case of HIV, means that the individual involved has HIV but does not have AIDS.

``(8) Human immunodeficiency virus.--The term `human immunodeficiency virus' means the etiologic agent for AIDS.

``(9) Official poverty line.--The term `official poverty line' means the poverty line established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

``(10) Person.--The term `person' includes one or more individuals, governments (including the Federal Government and the governments of the States), governmental agencies, political subdivisions, labor unions, partnerships, associations, corporations, legal representatives, mutual companies, joint-stock companies, trusts, unincorporated organizations, receivers, trustees, and trustees in cases under title 11, United States Code.

``(11) State.--

``(A) In general.--The term `State' means each of the 50 States, the District of Columbia, and each of the territories.

``(B) Territories.--The term `territory' means each of American Samoa, Guam, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and Palau.

``(12) Youth with hiv.--The term `youth with HIV' means individuals who are 13 through 24 years old and who have HIV/AIDS.''

TITLE VI--DEMONSTRATION AND TRAINING

SEC. 601. DEMONSTRATION AND TRAINING.

Subpart I of part F of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-101 et seq.) is amended to read as follows:

``Subpart I--Special Projects of National Significance

``SEC. 2691. <<NOTE: 42 USC 300ff-101.>> SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE.

``(a) In General.--Of the amount appropriated under each of parts A, B, C, and D for each fiscal year, the Secretary shall use the greater of \$20,000,000 or an amount equal to 3 percent

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of such amount appropriated under each such part, but not to exceed \$25,000,000, to administer special projects of national significance to--

``(1) quickly respond to emerging needs of individuals receiving assistance under this title; and

``(2) to fund special programs to develop a standard electronic client information data system to improve the ability of grantees under this title to report client-level data to the Secretary.

``(b) Grants.--The Secretary shall award grants under subsection (a)

to entities eligible for funding under parts A, B, C, and D based on--

``(1) whether the funding will promote obtaining client level data as it relates to the creation of a severity of need index, including funds to facilitate the purchase and enhance the utilization of qualified health information technology systems;

``(2) demonstrated ability to create and maintain a qualified health information technology system;

``(3) the potential replicability of the proposed activity in other similar localities or nationally;

``(4) the demonstrated reliability of the proposed qualified health information technology system across a variety of providers, geographic regions, and clients; and

``(5) the demonstrated ability to maintain a safe and secure qualified health information system; or

``(6) newly emerging needs of individuals receiving assistance under this title.

``(c) Coordination.--The Secretary may not make a grant under this section unless the applicant submits evidence that the proposed program is consistent with the statewide coordinated statement of need, and the applicant agrees to participate in the ongoing revision process of such statement of need.

``(d) Privacy Protection.--The Secretary may not make a grant under this section for the development of a qualified health information technology system unless the applicant provides assurances to the Secretary that the system will, at a minimum, comply with the privacy regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

``(e) Replication.--The Secretary shall make information concerning successful models or programs developed under this part available to grantees under this title for the purpose of coordination, replication, and integration. To facilitate efforts under this subsection, the Secretary may provide for peer-based technical assistance for grantees funded under this part.''

SEC. 602. AIDS EDUCATION AND TRAINING CENTERS.

(a) Amendments Regarding Schools and Centers.--Section 2692(a)(2) of the Public Health Service Act (42 U.S.C. 300ff-111(a)(2)) is amended--

(1) in subparagraph (A)--

(A) by inserting ``and Native Americans'' after

``minority individuals''; and

(B) by striking ``and'' at the end;

(2) in subparagraph (B), by striking the period and inserting ``; and''; and

(3) by adding at the end the following:

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``(C) train or result in the training of health professionals and allied health professionals to provide treatment for hepatitis B or C co-infected individuals.''

(b) Authorizations of Appropriations for Schools, Centers, and Dental Programs.--Section 2692(c) of the Public Health Service Act (42 U.S.C. 300ff-111(c)) is amended to read as follows:

``(c) Authorization of Appropriations.--

``(1) Schools; centers.--For the purpose of awarding grants under subsection (a), there is authorized to be appropriated

\$34,700,000 for each of the fiscal years 2007 through 2009.

“(2) Dental schools.--For the purpose of awarding grants under subsection (b), there is authorized to be appropriated \$13,000,000 for each of the fiscal years 2007 through 2009.”.

SEC. 603. CODIFICATION OF MINORITY AIDS INITIATIVE.

Part F of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-101 et seq.) is amended by adding at the end the following:

“Subpart III--Minority AIDS Initiative

“SEC. 2693. <<NOTE: 42 USC 300ff-121.>> MINORITY AIDS INITIATIVE.

“(a) In General.--For the purpose of carrying out activities under this section to evaluate and address the disproportionate impact of HIV/AIDS on, and the disparities in access, treatment, care, and outcomes for, racial and ethnic minorities (including African Americans, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders), there are authorized to be appropriated \$131,200,000 for fiscal year 2007, \$135,100,000 for fiscal year 2008, and \$139,100,000 for fiscal year 2009.

“(b) Certain Activities.--

“(1) In general.--In carrying out the purpose described in subsection (a), the Secretary shall provide for--

- “(A) emergency assistance under part A;
- “(B) care grants under part B;
- “(C) early intervention services under part C;
- “(D) services through projects for HIV-related care under part D; and
- “(E) activities through education and training centers under section 2692.

“(2) Allocations among activities.--Activities under paragraph (1) shall be carried out by the Secretary in accordance with the following:

“(A) For competitive, supplemental grants to improve HIV-related health outcomes to reduce existing racial and ethnic health disparities, the Secretary shall, of the amount appropriated under subsection (a) for a fiscal year, reserve the following, as applicable:

- “(i) For fiscal year 2007, \$43,800,000.
- “(ii) For fiscal year 2008, \$45,400,000.
- “(iii) For fiscal year 2009, \$47,100,000.

“(B) For competitive grants used for supplemental support education and outreach services to increase the number of eligible racial and ethnic minorities who have access to treatment through the program under section

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2616 for therapeutics, the Secretary shall, of the amount appropriated for a fiscal year under subsection (a), reserve the following, as applicable:

- “(i) For fiscal year 2007, \$7,000,000.
- “(ii) For fiscal year 2008, \$7,300,000.
- “(iii) For fiscal year 2009, \$7,500,000.

“(C) For planning grants, capacity-building grants, and services grants to health care providers who have a history of providing culturally and linguistically appropriate care and services to racial and ethnic minorities, the Secretary shall, of the amount

appropriated for a fiscal year under subsection (a), reserve the following, as applicable:

((i) For fiscal year 2007, \$53,400,000.

((ii) For fiscal year 2008, \$55,400,000.

((iii) For fiscal year 2009, \$57,400,000.

((D) For eliminating racial and ethnic disparities in the delivery of comprehensive, culturally and linguistically appropriate care services for HIV disease for women, infants, children, and youth, the Secretary shall, of the amount appropriated under subsection (a), reserve \$18,500,000 for each of the fiscal years 2007 through 2009.

((E) For increasing the training capacity of centers to expand the number of health care professionals with treatment expertise and knowledge about the most appropriate standards of HIV disease-related treatments and medical care for racial and ethnic minority adults, adolescents, and children with HIV disease, the Secretary shall, of the amount appropriated under subsection (a), reserve \$8,500,000 for each of the fiscal years 2007 through 2009.

((c) Consistency With Prior Program.--With respect to the purpose described in subsection (a), the Secretary shall carry out this section consistent with the activities carried out under this title by the Secretary pursuant to the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2002 (Public Law 107-116).''.

TITLE VII--MISCELLANEOUS PROVISIONS

SEC. 701. HEPATITIS; USE OF FUNDS.

Section 2667 of the Public Health Service Act (42 U.S.C. 300ff-67) is amended--

(1) in paragraph (2), by striking ``and'' at the end;

(2) in paragraph (3), by striking the period and inserting ``; and''; and

(3) by adding at the end the following:

((4) shall provide information on the transmission and prevention of hepatitis A, B, and C, including education about the availability of hepatitis A and B vaccines and assisting patients in identifying vaccination sites.''.

SEC. 702. CERTAIN REFERENCES.

Title XXVI of the Public Health Service Act (42 U.S.C. 300ff et seq.) is amended--

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(1) by <<NOTE: 42 USC 300ff-11, 300ff-28.>> striking ``acquired immune deficiency syndrome'' each place such term appears, other than in section 2687(1) (as added by section 501 of this Act), and inserting ``AIDS'';

(2) by striking ``such syndrome'' and inserting ``AIDS''; and

(3) by <<NOTE: 42 USC 300ff-12 et seq.>> striking ``HIV disease'' each place such term appears and inserting ``HIV/AIDS''.

SEC. 703. <<NOTE: 42 USC 300ff-11 et seq.>> REPEAL.

Effective <<NOTE: Effective date.>> on October 1, 2009, title XXVI of the Public Health Service Act (42 U.S.C. 300ff et seq.) is repealed.

Approved December 19, 2006.

LEGISLATIVE HISTORY--H.R. 6143:

HOUSE REPORTS: No. 109-695 (Comm. on Energy and Commerce).
CONGRESSIONAL RECORD, Vol. 152 (2006):

- Sept. 28, considered and passed House.
- Dec. 6, considered and passed Senate, amended.
- Dec. 8, House concurred in Senate amendment.

<all>

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Public Law 111-87
111th Congress

An Act

To amend title XXVI of the Public Health Service Act to revise and extend the program for providing life-saving care for those with HIV/AIDS. <<NOTE: Oct. 30, 2009 - [S. 1793]>>

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, <<NOTE: Ryan White HIV/AIDS Treatment Extension Act of 2009.>>

SECTION 1. SHORT TITLE; REFERENCES.

(a) <<NOTE: 42 USC 201 note.>> Short Title.--This Act may be cited as the ``Ryan White HIV/AIDS Treatment Extension Act of 2009''.

(b) References.--Except as otherwise specified, whenever in this Act an amendment is expressed in terms of an amendment to a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act (42 U.S.C. 201 et seq.).

SEC. 2. REAUTHORIZATION OF HIV HEALTH CARE SERVICES PROGRAM.

(a) Elimination of Sunset Provision.--

(1) In general.--The Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415; 120 Stat. 2767) is amended by striking section 703. <<NOTE: 42 USC 300ff-11 et seq and note.>>

(2) <<NOTE: 42 USC 300ff-11 note.>> Effective date.-- Paragraph (1) shall take effect as if enacted on September 30, 2009.

(3) <<NOTE: 42 USC 300ff-11 note.>> Contingency provisions.--Notwithstanding section 703 of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415; 120 Stat. 2767) and section 139 of the Continuing Appropriations Resolution, 2010--

(A) the provisions of title XXVI of the Public Health Service Act (42 U.S.C. 300ff et seq.), as in effect on September 30, 2009, are hereby revived; and

(B) <<NOTE: Applicability.>> the amendments made by this Act to title XXVI of the Public Health Service Act (42 U.S.C. 300ff et seq.) shall apply to such title as so revived and shall take effect as if enacted on September 30, 2009.

(b) Part A Grants.--Section 2610(a) (42 U.S.C. 300ff-20(a)) is amended by striking ``and \$649,500,000 for fiscal year 2009'' and inserting ``\$649,500,000 for fiscal year 2009, \$681,975,000 for fiscal year 2010, \$716,074,000 for fiscal year 2011, \$751,877,000 for fiscal year 2012, and \$789,471,000 for fiscal year 2013''.

(c) Part B Grants.--Section 2623(a) <<NOTE: 42 USC 300ff-31b.>> (42

U.S.C. 300ff-32(a)) is amended by striking ``and \$1,285,200,000 for fiscal year 2009'' and inserting ``\$1,285,200,000 for fiscal year 2009, \$1,349,460,000 for fiscal year 2010, \$1,416,933,000 for fiscal year 2011, \$1,487,780,000 for fiscal year 2012, and \$1,562,169,000 for fiscal year 2013''.

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(d) Part C Grants.--Section 2655 (42 U.S.C. 300ff-55) is amended by striking ``and \$235,100,000 for fiscal year 2009'' and inserting ``\$235,100,000 for fiscal year 2009, \$246,855,000 for fiscal year 2010, \$259,198,000 for fiscal year 2011, \$272,158,000 for fiscal year 2012, and \$285,766,000 for fiscal year 2013''.

(e) Part D Grants.--Section 2671(i) (42 U.S.C. 300ff-71(i)) is amended by inserting before the period at the end `` , \$75,390,000 for fiscal year 2010, \$79,160,000 for fiscal year 2011, \$83,117,000 for fiscal year 2012, and \$87,273,000 for fiscal year 2013''.

(f) Demonstration and Training Grants Under Part F.--

(1) HIV/AIDS communities, schools, and centers.--Section 2692(c) (42 U.S.C. 300ff-111(c)) is amended--

(A) in paragraph (1)--

(i) by striking ``is authorized'' and inserting ``are authorized''; and

(ii) by inserting before the period at the end `` , \$36,535,000 for fiscal year 2010, \$38,257,000 for fiscal year 2011, \$40,170,000 for fiscal year 2012, and \$42,178,000 for fiscal year 2013''; and

(B) in paragraph (2)--

(i) by striking ``is authorized'' and inserting ``are authorized''; and

(ii) by inserting before the period at the end `` , \$13,650,000 for fiscal year 2010, \$14,333,000 for fiscal year 2011, \$15,049,000 for fiscal year 2012, and \$15,802,000 for fiscal year 2013''.

(2) Minority aids initiative.--Section 2693 (42 U.S.C. 300ff-121) is amended--

(A) in subsection (a), by striking ``and \$139,100,000 for fiscal year 2009.'' and inserting ``\$139,100,000 for fiscal year 2009, \$146,055,000 for fiscal year 2010, \$153,358,000 for fiscal year 2011, \$161,026,000 for fiscal year 2012, and \$169,077,000 for fiscal year 2013. <<NOTE: Grants.>> The Secretary shall develop a formula for the awarding of grants under subsections (b)(1)(A) and (b)(1)(B) that ensures that funding is provided based on the distribution of populations disproportionately impacted by HIV/AIDS.'';

(B) in subsection (b)(2)--

(i) in subparagraph (A)--

(I) in the matter preceding clause

(i), by striking ``competitive,''; and

(II) by adding at the end the

following:

``(iv) For fiscal year 2010, \$46,738,000.

``(v) For fiscal year 2011, \$49,075,000.

``(vi) For fiscal year 2012, \$51,528,000.

``(vii) For fiscal year 2013, \$54,105,000.'';

(ii) in subparagraph (B)--

(I) in the matter preceding clause

(i), by striking ``competitive''; and

(II) by adding at the end the

following:

``(iv) For fiscal year 2010, \$8,763,000.
``(v) For fiscal year 2011, \$9,202,000.
``(vi) For fiscal year 2012, \$9,662,000.
``(vii) For fiscal year 2013, \$10,145,000.'';
(iii) in subparagraph (C), by adding at the
end the following:
``(iv) For fiscal year 2010, \$61,343,000.

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``(v) For fiscal year 2011, \$64,410,000.
``(vi) For fiscal year 2012, \$67,631,000.
``(vii) For fiscal year 2013, \$71,012,000.'';
(iv) in subparagraph (D), by striking
``\$18,500,000'' and all that follows through the
period and inserting the following: ``the
following, as applicable:

``(i) For fiscal year 2010, \$20,448,000.
``(ii) For fiscal year 2011, \$21,470,000.
``(iii) For fiscal year 2012, \$22,543,000.
``(iv) For fiscal year 2013, \$23,671,000.'';

and

(v) in subparagraph (E), by striking
``\$8,500,000'' and all that follows through the
period and inserting the following: ``the
following, as applicable:

``(i) For fiscal year 2010, \$8,763,000.
``(ii) For fiscal year 2011, \$9,201,000.
``(iii) For fiscal year 2012, \$9,662,000.
``(iv) For fiscal year 2013, \$10,144,000.'';

and

(C) by adding at the end the following:

``(d) Synchronization of Minority AIDS Initiative.--For fiscal year
2010 and each subsequent fiscal year, the Secretary shall incorporate
and synchronize the schedule of application submissions and funding
availability under this section with the schedule of application
submissions and funding availability under the corresponding provisions
of this title XXVI as follows:

``(1) The schedule for carrying out subsection (b)(1)(A)
shall be the same as the schedule applicable to emergency
assistance under part A.

``(2) The schedule for carrying out subsection (b)(1)(B)
shall be the same as the schedule applicable to care grants
under part B.

``(3) The schedule for carrying out subsection (b)(1)(C)
shall be the same as the schedule applicable to grants for early
intervention services under part C.

``(4) The schedule for carrying out subsection (b)(1)(D)
shall be the same as the schedule applicable to grants for
services through projects for HIV-related care under part D.

``(5) The schedule for carrying out subsection (b)(1)(E)
shall be the same as the schedule applicable to grants and
contracts for activities through education and training centers
under section 2692.''.
(3) HHS report.--Not later than 6 months after the
publication of the Government Accountability Office Report on
the Minority Aids Initiative described in section 2686, the
Secretary of Health and Human Services shall submit to the
appropriate committees of Congress a Departmental plan for using
funding under section 2693 of the Public Health Service Act (42

U.S.C. 300ff-93) in all relevant agencies to build capacity, taking into consideration the best practices included in such Report.

(g) GAO Report.--Section 2686 (42 U.S.C. 300ff-86) is amended to read as follows:
`SEC. 2686. GAO REPORT.

`The Comptroller General of the Government Accountability Office shall, not less than 1 year after the date of enactment of the Ryan White HIV/AIDS Treatment Extension Act of 2009, submit to the appropriate committees of Congress a report

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describing Minority AIDS Initiative activities across the Department of Health and Human Services, including programs under this title and programs at the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and other departmental agencies. Such report shall include a history of program activities within each relevant agency and a description of activities conducted, people served and types of grantees funded, and shall collect and describe best practices in community outreach and capacity-building of community based organizations serving the communities that are disproportionately affected by HIV/AIDS.''.
SEC. 3. EXTENDED EXEMPTION PERIOD FOR NAMES-BASED REPORTING.

(a) Part A Grants.--Section 2603(a)(3) (42 U.S.C. 300ff-13(a)(3)) is amended--

(1) in subparagraph (C)--

(A) in clause (ii)--

(i) in the matter preceding subclause (I), by striking ``2009'' and inserting ``2012''; and

(ii) in subclause (II), by striking ``or 2009'' and inserting ``or a subsequent fiscal year through fiscal year 2012'';

(B) in clause (iv), by striking ``2010'' and inserting ``2012'';

(C) in clause (v), by inserting ``or a subsequent fiscal year'' after ``2009'';

(D) in clause (vi)(II), by inserting after ``5 percent'' the following: ``for fiscal years before fiscal year 2012 (and 6 percent for fiscal year 2012)'';

(E) in clause (ix)(II)--

(i) by striking ``2010'' and inserting ``2013''; and

(ii) by striking ``2009'' and inserting ``2012''; and

(F) by adding at the end the following:

``(xi) Future fiscal years.--For fiscal years beginning with fiscal year 2013, determinations under this paragraph shall be based only on living names-based cases of HIV/AIDS with respect to the area involved.''; and

(2) in subparagraph (D)--

(A) in clause (i)--

(i) in the matter preceding subclause (I), by striking ``2009'' and inserting ``2012''; and

(ii) in subclause (II), by striking ``and 2009'' and inserting ``through 2012''; and

(B) in clause (ii), by striking ``2009'' and

inserting ``2012''.

(b) Part B Grants.--Section 2618(a)(2) (42 U.S.C. 300ff-28(a)(2)) is amended--

(1) in subparagraph (D)--

(A) in clause (ii)--

(i) in the matter preceding subclause (I), by striking ``2009'' and inserting ``2012''; and

(ii) in subclause (II), by striking ``or 2009'' and inserting ``or a subsequent fiscal year through fiscal year 2012'';

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(B) in clause (iv), by striking ``2010'' and inserting ``2012'';

(C) in clause (v), by inserting ``or a subsequent fiscal year'' after ``2009'';

(D) in clause (vi)(II), by inserting after ``5 percent'' the following: ``for fiscal years before fiscal year 2012 (and 6 percent for fiscal year 2012)'';

(E) in clause (viii)(II)--

(i) by striking ``2010'' and inserting ``2013''; and

(ii) by striking ``2009'' and inserting ``2012''; and

(F) by adding at the end the following:

``(x) Future fiscal years.--For fiscal years beginning with fiscal year 2013, determinations under this paragraph shall be based only on living names-based cases of HIV/AIDS with respect to the State involved.''; and

(2) in subparagraph (E), by striking ``2009'' each place it appears and inserting ``2012''.

SEC. 4. EXTENSION OF TRANSITIONAL GRANT AREA STATUS.

(a) Eligibility.--Section 2609 (42 U.S.C. 300ff-19) is amended--

(1) in subsection (c)(1)--

(A) in the heading, by striking ``2007'' and inserting ``2011''; and

(B) by striking ``2007'' each place it appears and inserting ``2011''; and

(C) by striking ``2006'' and inserting ``2010'';

(2) in subsection (c)(2)--

(A) in subparagraph (A)(ii), by striking ``to have a'' and inserting ``subject to subparagraphs (B) and (C), to have a'';

(B) by redesignating subparagraph (B) as subparagraph (C);

(C) by inserting after subparagraph (A) the following:

``(B) Permitting margin of error applicable to certain metropolitan areas.--In applying subparagraph (A)(ii) for a fiscal year after fiscal year 2008, in the case of a metropolitan area that has a cumulative total of at least 1,400 (and fewer than 1,500) living cases of AIDS as of December 31 of the most recent calendar year for which such data is available, such area shall be treated as having met the criteria of such subparagraph if not more than 5 percent of the total from grants awarded to such area under this part is unobligated as

of the end of the most recent fiscal year for which such data is available.''; and

(D) in subparagraph (C), as so redesignated, by striking ``Subparagraph (A) does not apply'' and inserting ``Subparagraphs (A) and (B) do not apply''; and

(3) in subsection (d)(1)(B), strike ``2009'' and insert ``2013''.

(b) Transfer of Amounts Due to Change in Status as Transitional Area.--Subparagraph (B) of section 2610(c)(2) (42 U.S.C. 300ff-20(c)(2)) is amended--

(1) by striking ``(B)'' and inserting ``(B)(i) subject to clause (ii),'';

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(2) by striking the period at the end and inserting ``; and''; and

(3) by adding at the end the following:

``(ii) for each of fiscal years 2010 through 2013, notwithstanding subsection (a)--

``(I) there shall be transferred to the State containing the metropolitan area, for purposes described in section 2612(a), an amount (which shall not be taken into account in applying section 2618(a)(2)(H)) equal to--

``(aa) for the first fiscal year of the metropolitan area not being a transitional area, 75 percent of the amount described in subparagraph (A)(i) for such area;

``(bb) for the second fiscal year of the metropolitan area not being a transitional area, 50 percent of such amount; and

``(cc) for the third fiscal year of the metropolitan area not being a transitional area, 25 percent of such amount; and

``(II) there shall be transferred and made available for grants pursuant to section 2618(a)(1) for the fiscal year, in addition to amounts available for such grants under section 2623, an amount equal to the total amount of the reduction for such fiscal year under subparagraph (A), less the amount transferred for such fiscal year under subclause (I).''.

SEC. 5. HOLD HARMLESS.

(a) Part A Grants.--Section 2603(a)(4) (42 U.S.C. 300ff-13(a)(4)) is amended--

(1) in the matter preceding clause (i) in subparagraph (A)--
(A) by striking ``2006'' and inserting ``2009''; and
(B) by striking ``2007 through 2009'' and inserting ``2010 through 2013'';

(2) by striking clauses (i) and (ii) in subparagraph (A) and inserting the following:

``(i) For fiscal year 2010, an amount equal to 95 percent of the sum of the amount of the grant made pursuant to paragraph (3) and this paragraph

for fiscal year 2009.

“(ii) For each of the fiscal years 2011 and 2012, an amount equal to 100 percent of the amount of the grant made pursuant to paragraph (3) and this paragraph for fiscal year 2010.

“(iii) For fiscal year 2013, an amount equal to 92.5 percent of the amount of the grant made pursuant to paragraph (3) and this paragraph for fiscal year 2012.”; and

(3) in subparagraph (C), by striking “2009” and inserting “2013”.

(b) Part B Grants.--Section 2618(a)(2)(H) (42 U.S.C. 300ff-28(a)(2)(H)) is amended--

(1) in clause (i)(I)--

(A) by striking “2007” and inserting “2010”; and

(B) by striking “2006” and inserting “2009”;

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(2) by striking clause (ii) and redesignating clause (iii) as clause (ii);

(3) in clause (ii), as so redesignated--

(A) in the heading, by striking “2008 and 2009” and inserting “2011 and 2012”;

(B) by striking “2008 and 2009” and inserting “2011 and 2012”; and

(C) by striking “2007” and inserting “2010”;

(4) by inserting after clause (ii), as so redesignated, the following new clause:

“(iii) Fiscal year 2013.--For fiscal year 2013, the Secretary shall ensure that the total for a State of the grant pursuant to paragraph (1) and the grant pursuant to subparagraph (F) is not less than 92.5 percent of such total for the State for fiscal year 2012.”; and

(5) in clause (v), by striking “2009” and inserting “2013”.

(c) Technical Corrections.--Title XXVI (42 U.S.C. 300ff-11 et seq.) is amended--

(1) in subparagraphs (A)(i) and (H) of <<NOTE: 42 USC 300ff-28.>> section 2618(a)(2), by striking the term “subparagraph (G)” each place it appears and inserting “subparagraph (F)”;

(2) <<NOTE: 42 USC 300ff-29a, 300ff-31a.>> in sections 2620(a)(2), 2622(c)(1), and 2622(c)(4)(A), by striking “2618(a)(2)(G)(i)” and inserting “2618(a)(2)(F)(i)”;

(3) <<NOTE: 42 USC 300ff-31b.>> in sections 2622(a) and 2623(b)(2)(A), by striking “2618(a)(2)(G)” and inserting “2618(a)(2)(F)”;

(4) in section 2622(b), by striking “2618(a)(2)(G)(ii)” and inserting “2618(a)(2)(F)(ii)”.

SEC. 6. AMENDMENTS TO THE GENERAL GRANT PROVISIONS.

(a) Administration and Planning Council.--Section 2602(b)(4) (42 U.S.C. 300ff-12(b)(4)) is amended--

(1) in subparagraph (A), by inserting “, as well as the size and demographics of the estimated population of individuals with HIV/AIDS who are unaware of their HIV status” after “HIV/AIDS”;

(2) in subparagraph (B)--

- (A) in clause (i), by striking ``and'' at the end after the semicolon;
 - (B) in clause (ii), by inserting ``and'' after the semicolon; and
 - (C) by adding at the end the following:
 - ``(iii) individuals with HIV/AIDS who do not know their HIV status;''; and
- (3) in subparagraph (D)--
- (A) in clause (ii), by striking ``and'' at the end after the semicolon;
 - (B) in clause (iii), by inserting ``and'' after the semicolon; and
 - (C) by adding at the end the following:
 - ``(iv) includes a strategy, coordinated as appropriate with other community strategies and efforts, including discrete goals, a timetable, and appropriate funding, for identifying individuals with HIV/AIDS who do not know their HIV status, making such individuals aware of such status, and enabling such individuals to use the health and support services described in

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section 2604, with particular attention to reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities;''.

(b) Type and Distribution of Grants.--Section 2603(b) (42 U.S.C. 300ff-13(b)) is amended--

- (1) in paragraph (1)--
 - (A) in subparagraph (G), by striking ``and'' at the end after the semicolon;
 - (B) in subparagraph (H), by striking the period at the end and inserting ``; and''; and
 - (C) by adding at the end the following:
 - ``(I) demonstrates success in identifying individuals with HIV/AIDS as described in clauses (i) through (iii) of paragraph (2)(A).''; and
- (2) in paragraph (2)(A), by striking the period and inserting: ``, and demonstrated success in identifying individuals with HIV/AIDS who do not know their HIV status and making them aware of such status counting one-third. In making such determination, the Secretary shall consider--
 - ``(i) the number of individuals who have been tested for HIV/AIDS;
 - ``(ii) of those individuals described in clause (i), the number of individuals who tested for HIV/AIDS who are made aware of their status, including the number who test positive; and
 - ``(iii) of those individuals described in clause (ii), the number who have been referred to appropriate treatment and care.''.

(c) Application.--Section 2605(b)(1) (42 U.S.C. 300ff-15(b)(1)) is amended by inserting ``, including the identification of individuals with HIV/AIDS as described in clauses (i) through (iii) of section 2603(b)(2)(A)'' before the semicolon at the end.

SEC. 7. INCREASE IN ADJUSTMENT FOR NAMES-BASED REPORTING.

(a) Part A Grants.--

(1) Formula grants.--Section 2603(a)(3)(C)(vi) (42 U.S.C. 300ff-13(a)(3)(C)(vi)) is amended by adding at the end the following:

``(III) Increased adjustment for certain areas previously using code-based reporting.--For purposes of this subparagraph for each of fiscal years 2010 through 2012, the Secretary shall deem the applicable number of living cases of HIV/AIDS in an area that were reported to and confirmed by the Centers for Disease Control and Prevention to be 3 percent higher than the actual number if--

``(aa) for fiscal year 2007, such area was a transitional area;

``(bb) fiscal year 2007 was the first year in which the count of living non-AIDS cases of HIV in such area, for purposes of this section, was based on a names-based reporting system; and

``(cc) the amount of funding that such area received under this part for fiscal year 2007

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was less than 70 percent of the amount of funding (exclusive of funds that were identified as being for purposes of the Minority AIDS Initiative) that such area received under such part for fiscal year 2006.''.

(2) Supplemental grants.--Section 2603(b)(2) (42 U.S.C. 300ff-13(b)(2)) is amended by adding at the end the following:

``(D) Increased adjustment for certain areas previously using code-based reporting.--For purposes of this subsection for each of fiscal years 2010 through 2012, the Secretary shall deem the applicable number of living cases of HIV/AIDS in an area that were reported to and confirmed by the Centers for Disease Control and Prevention to be 3 percent higher than the actual number if the conditions described in items (aa) through (cc) of subsection (a)(3)(C)(vi)(III) are all satisfied.''.

(b) Part B Grants.--Section 2618(a)(2)(D)(vi) (42 U.S.C. 300ff-28(a)(2)(D)(vi)) is amended by adding at the end the following:

``(III) Increased adjustment for certain states previously using code-based reporting.--For purposes of this subparagraph for each of fiscal years 2010 through 2012, the Secretary shall deem the applicable number of living cases of HIV/AIDS in a State that were reported to and confirmed by the Centers

for Disease Control and Prevention to be 3 percent higher than the actual number if--

((aa) there is an area in such State that satisfies all of the conditions described in items (aa) through (cc) of section 2603(a)(3)(C)(vi)(III); or

((bb)(AA) fiscal year 2007 was the first year in which the count of living non-AIDS cases of HIV in such area, for purposes of this part, was based on a names-based reporting system; and

((BB) the amount of funding that such State received under this part for fiscal year 2007 was less than 70 percent of the amount of funding that such State received under such part for fiscal year 2006.'').

SEC. 8. TREATMENT OF UNOBLIGATED FUNDS.

(a) Eligibility for Supplemental Grants.--Title XXVI (42 U.S.C. 300ff-11 et seq.) is amended--

(1) in section 2603(b)(1)(H) (42 U.S.C. 300ff-13(b)(1)(H)), by striking ``2 percent'' and inserting ``5 percent''; and

(2) in section 2620(a)(2) (42 U.S.C. 300ff-29a(a)(2)), by striking ``2 percent'' and inserting ``5 percent''.

(b) Corresponding Reduction in Future Grant.--

(1) In general.--Title XXVI (42 U.S.C. 300ff-11 et seq.) is amended--

(A) in section 2603(c)(3)(D)(i) (42 U.S.C. 300ff-13(c)(3)(D)(i)), in the matter following subclause (II), by striking ``2 percent'' and inserting ``5 percent''; and

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(B) in section 2622(c)(4)(A) (42 U.S.C. 300ff-31a(c)(4)(A)), in the matter following clause (ii), by striking ``2 percent'' and inserting ``5 percent''.

(2) Authority regarding administration of provision.--Title XXVI (42 U.S.C. 300ff-11 et seq.) is amended--

(A) in section 2603(c) (42 U.S.C. 300ff-13(c)), by adding at the end the following:

((4) Authority regarding administration of provisions.--In administering paragraphs (2) and (3) with respect to the unobligated balance of an eligible area, the Secretary may elect to reduce the amount of future grants to the area under subsection (a) or (b), as applicable, by the amount of any such unobligated balance in lieu of cancelling such amount as provided for in paragraph (2) or (3)(A). In such case, the Secretary may permit the area to use such unobligated balance for purposes of any such future grant. An amount equal to such reduction shall be available for use as additional amounts for grants pursuant to subsection (b), subject to subsection (a)(4) and section 2610(d)(2). Nothing in this paragraph shall be

construed to affect the authority of the Secretary under paragraphs (2) and (3), including the authority to grant waivers under paragraph (3)(A). The reduction in future grants authorized under this paragraph shall be notwithstanding the penalty required under paragraph (3)(D) with respect to unobligated funds.'';

(B) in section 2622 (42 U.S.C. 300ff-31a), by adding at the end the following:

“(e) Authority Regarding Administration of Provisions.--In administering subsections (b) and (c) with respect to the unobligated balance of a State, the Secretary may elect to reduce the amount of future grants to the State under section 2618, 2620, or 2621, as applicable, by the amount of any such unobligated balance in lieu of cancelling such amount as provided for in subsection (b) or (c)(1). In such case, the Secretary may permit the State to use such unobligated balance for purposes of any such future grant. An amount equal to such reduction shall be available for use as additional amounts for grants pursuant to section 2620, subject to section 2618(a)(2)(H). Nothing in this paragraph shall be construed to affect the authority of the Secretary under subsections (b) and (c), including the authority to grant waivers under subsection (c)(1). The reduction in future grants authorized under this subsection shall be notwithstanding the penalty required under subsection (c)(4) with respect to unobligated funds.'”;

(C) in section 2603(b)(1)(H) (42 U.S.C. 300ff-13(b)(1)(H)), by striking “canceled” and inserting “canceled, offset under subsection (c)(4),”;

(D) in section 2620(a)(2) (42 U.S.C. 300ff-29a(a)(2)), by striking “canceled” and inserting “canceled, offset under section 2622(e),”.

(c) Consideration of Waiver Amounts in Determining Unobligated Balances.--

(1) Part a grants.--Section 2603(c)(3)(D)(i)(I) <<NOTE: 42 USC 300ff-13.>> (42 U.S.C. 300ff-14(c)(3)(D)(i)(I)) is amended by inserting after “unobligated balance” the following: “(less any amount of such balance that is the subject of a waiver of cancellation under subparagraph (A))”.

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(2) Part b grants.--Section 2622(c)(4)(A)(i) (42 U.S.C. 300ff--31a(c)(4)(A)(i)) is amended by inserting after “unobligated balance” the following: “(less any amount of such balance that is the subject of a waiver of cancellation under paragraph (1))”.

SEC. 9. APPLICATIONS BY STATES.

Section 2617(b) (42 U.S.C. Section 300ff-27(b)) is amended--

- (1) in paragraph (6), by striking “and” at the end;
- (2) in paragraph (7), by striking the period at the end and inserting “; and”; and
- (3) by adding at the end the following:

“(8) a comprehensive plan--

“(A) containing an identification of individuals with HIV/AIDS as described in clauses (i) through (iii) of section 2603(b)(2)(A) and the strategy required under section 2602(b)(4)(D)(iv);

“(B) describing the estimated number of individuals within the State with HIV/AIDS who do not know their status;

``(C) describing activities undertaken by the State to find the individuals described in subparagraph (A) and to make such individuals aware of their status;
``(D) describing the manner in which the State will provide undiagnosed individuals who are made aware of their status with access to medical treatment for their HIV/AIDS; and
``(E) describing efforts to remove legal barriers, including State laws and regulations, to routine testing.''.
SEC. 10. ADAP REBATE FUNDS.

(a) Use of Unobligated Funds.--Section 2622(d) (42 U.S.C. 300ff-31a(d)) is amended by adding at the end the following: ``If an expenditure of ADAP rebate funds would trigger a penalty under this section or a higher penalty than would otherwise have applied, the State may request that for purposes of this section, the Secretary deem the State's unobligated balance to be reduced by the amount of rebate funds in the proposed expenditure. Notwithstanding 2618(a)(2)(F), any unobligated amount under section 2618(a)(2)(F)(ii)(V) that is returned to the Secretary for reallocation shall be used by the Secretary for--

- ``(1) the ADAP supplemental program if the Secretary determines appropriate; or
- ``(2) for additional amounts for grants pursuant to section 2620.''.
SEC. 11. APPLICATION TO PRIMARY CARE SERVICES.

(b) Technical Correction.--Subclause (V) of section 2618(a)(2)(F)(ii) (42 U.S.C. 300ff-28(a)(2)(F)(ii)) is amended by striking ``, subject to subclause (VI)''.
SEC. 11. APPLICATION TO PRIMARY CARE SERVICES.

(a) In General.--Section 2671 (42 U.S.C. 300ff-71), as amended, is amended--

- (1) by redesignating subsection (i) as subsection (j);
- (2) in subsection (g), by striking ``subsection (i)'' and inserting ``subsection (j)''; and
- (3) by inserting after subsection (h) the following:

``(i) Application to Primary Care Services.--Nothing in this part shall be construed as requiring funds under this part to be

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used for primary care services when payments are available for such services from other sources (including under titles XVIII, XIX, and XXI of the Social Security Act).''.

(b) Provision of Care Through Memorandum of Understanding.--Section 2671(a) (42 U.S.C. 300ff-71(a)) is amended by striking ``(directly or through contracts)'' and inserting ``(directly or through contracts or memoranda of understanding)''.

SEC. 12. NATIONAL HIV/AIDS TESTING GOAL.

Part E of title XXVI (42 U.S.C. 300ff-81 et seq.) is amended--

- (1) by redesignating section 2688 <<NOTE: 42 USC 300ff-88.>> as section 2689; and
- (2) by inserting after section 2687 the following:

``SEC. 2688. <<NOTE: Deadlines. 42 USC 300ff-87a.>> NATIONAL HIV/AIDS TESTING GOAL.

``(a) In General.--Not later than January 1, 2010, the Secretary shall establish a national HIV/AIDS testing goal of 5,000,000 tests for

HIV/AIDS annually through federally-supported HIV/AIDS prevention, treatment, and care programs, including programs under this title and other programs administered by the Centers for Disease Control and Prevention.

((b) Annual Report.--Not later than January 1, 2011, and annually thereafter, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall submit to Congress a report describing, with regard to the preceding 12-month reporting period--

((1) whether the testing goal described in subsection (a) has been met;

((2) the total number of individuals tested through federally-supported and other HIV/AIDS prevention, treatment, and care programs in each State;

((3) the number of individuals who--

((A) prior to such 12-month period, were unaware of their HIV status; and

((B) through federally-supported and other HIV/AIDS prevention, treatment, and care programs, were diagnosed and referred into treatment and care during such period;

((4) any barriers, including State laws and regulations, that the Secretary determines to be a barrier to meeting the testing goal described in subsection (a);

((5) the amount of funding the Secretary determines necessary to meet the annual testing goal in the following 12 months and the amount of Federal funding expended to meet the testing goal in the prior 12-month period; and

((6) the most cost-effective strategies for identifying and diagnosing individuals who were unaware of their HIV status, including voluntary testing with pre-test counseling, routine screening including opt-out testing, partner counseling and referral services, and mass media campaigns.

((c) Review of Program Effectiveness. <<NOTE: Reports.>> --Not later than 1 year after the date of enactment of this section, the Secretary, in consultation with the Director of the Centers for Disease Control and Prevention, shall submit a report to Congress based on a comprehensive review of each of the programs and activities conducted by the Centers for Disease Control and Prevention as part of the Domestic HIV/AIDS Prevention Activities, including the following:

((1) The amount of funding provided for each program or activity.

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((2) The primary purpose of each program or activity.

((3) The annual goals for each program or activity.

((4) The relative effectiveness of each program or activity with relation to the other programs and activities conducted by the Centers for Disease Control and Prevention, based on the--

((A) number of previously undiagnosed individuals with HIV/AIDS made aware of their status and referred into the appropriate treatment;

((B) amount of funding provided for each program or activity compared to the number of undiagnosed individuals with HIV/AIDS made aware of their status;

((C) program's contribution to the National HIV/AIDS testing goal; and

((D) progress made toward the goals described in paragraph (3).

((5) Recommendations if any to Congress on ways to allocate funding for domestic HIV/AIDS prevention activities and programs

in order to achieve the National HIV/AIDS testing goal.

``(d) Coordination With Other Federal Activities.--In pursuing the National HIV/AIDS testing goal, the Secretary, where appropriate, shall consider and coordinate with other national strategies conducted by the Federal Government to address HIV/AIDS.''.
SEC. 13. NOTIFICATION OF POSSIBLE EXPOSURE TO INFECTIOUS DISEASES.

Title XXVI (42 U.S.C. 300ff-11 et seq.) is amended by adding at the end the following:

``PART G--NOTIFICATION OF POSSIBLE EXPOSURE TO INFECTIOUS DISEASES

``SEC. 2695. <<NOTE: 42 USC 300ff-131.>> INFECTIOUS DISEASES AND CIRCUMSTANCES RELEVANT TO NOTIFICATION REQUIREMENTS.

``(a) In General. <<NOTE: Deadline.>> --Not later than 180 days after the date of the enactment of this part, the Secretary shall complete the development of--

``(1) <<NOTE: Records.>> a list of potentially life-threatening infectious diseases, including emerging infectious diseases, to which emergency response employees may be exposed in responding to emergencies;

``(2) <<NOTE: Guidelines.>> guidelines describing the circumstances in which such employees may be exposed to such diseases, taking into account the conditions under which emergency response is provided; and

``(3) <<NOTE: Guidelines.>> guidelines describing the manner in which medical facilities should make determinations for purposes of section 2695B(d).

``(b) Specification of Airborne Infectious Diseases.--The list developed by the Secretary under subsection (a)(1) shall include a specification of those infectious diseases on the list that are routinely transmitted through airborne or aerosolized means.

``(c) Dissemination.--The Secretary shall--

``(1) transmit to State public health officers copies of the list and guidelines developed by the Secretary under subsection

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(a) with the request that the officers disseminate such copies as appropriate throughout the States; and

``(2) <<NOTE: Public information.>> make such copies available to the public.

``SEC. 2695A. <<NOTE: 42 USC 300ff-132.>> ROUTINE NOTIFICATIONS WITH RESPECT TO AIRBORNE INFECTIOUS DISEASES IN VICTIMS ASSISTED.

``(a) Routine Notification of Designated Officer.--

``(1) Determination by treating facility.--If a victim of an emergency is transported by emergency response employees to a medical facility and the medical facility makes a determination that the victim has an airborne infectious disease, the medical facility shall notify the designated officer of the emergency response employees who transported the victim to the medical facility of the determination.

``(2) Determination by facility ascertaining cause of death.--If a victim of an emergency is transported by emergency response employees to a medical facility and the victim dies at

or before reaching the medical facility, the medical facility ascertaining the cause of death shall notify the designated officer of the emergency response employees who transported the victim to the initial medical facility of any determination by the medical facility that the victim had an airborne infectious disease.

``(b) <<NOTE: Deadline.>> Requirement of Prompt Notification.--With respect to a determination described in paragraph (1) or (2) of subsection (a), the notification required in each of such paragraphs shall be made as soon as is practicable, but not later than 48 hours after the determination is made.

``SEC. 2695B. <<NOTE: 42 USC 300ff-133.>> REQUEST FOR NOTIFICATION WITH RESPECT TO VICTIMS ASSISTED.

``(a) Initiation of Process by Employee.--If an emergency response employee believes that the employee may have been exposed to an infectious disease by a victim of an emergency who was transported to a medical facility as a result of the emergency, and if the employee attended, treated, assisted, or transported the victim pursuant to the emergency, then the designated officer of the employee shall, upon the request of the employee, carry out the duties described in subsection (b) regarding a determination of whether the employee may have been exposed to an infectious disease by the victim.

``(b) Initial Determination by Designated Officer.--The duties referred to in subsection (a) are that--

``(1) the designated officer involved collect the facts relating to the circumstances under which, for purposes of subsection (a), the employee involved may have been exposed to an infectious disease; and

``(2) the designated officer evaluate such facts and make a determination of whether, if the victim involved had any infectious disease included on the list issued under paragraph (1) of section 2695(a), the employee would have been exposed to the disease under such facts, as indicated by the guidelines issued under paragraph (2) of such section.

``(c) Submission of Request to Medical Facility.--

``(1) In general.--If a designated officer makes a determination under subsection (b)(2) that an emergency response employee may have been exposed to an infectious disease, the designated officer shall submit to the medical facility to which

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the victim involved was transported a request for a response under subsection (d) regarding the victim of the emergency involved.

``(2) Form of request.--A request under paragraph (1) shall be in writing and be signed by the designated officer involved, and shall contain a statement of the facts collected pursuant to subsection (b)(1).

``(d) Evaluation and Response Regarding Request to Medical Facility.--

``(1) In general.--If a medical facility receives a request under subsection (c), the medical facility shall evaluate the facts submitted in the request and make a determination of whether, on the basis of the medical information possessed by the facility regarding the victim involved, the emergency response employee was exposed to an infectious disease included

on the list issued under paragraph (1) of section 2695(a), as indicated by the guidelines issued under paragraph (2) of such section.

``(2) Notification of exposure.--If a medical facility makes a determination under paragraph (1) that the emergency response employee involved has been exposed to an infectious disease, the medical facility shall, in writing, notify the designated officer who submitted the request under subsection (c) of the determination.

``(3) Finding of no exposure.--If a medical facility makes a determination under paragraph (1) that the emergency response employee involved has not been exposed to an infectious disease, the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the determination.

``(4) Insufficient information.--

``(A) If a medical facility finds in evaluating facts for purposes of paragraph (1) that the facts are insufficient to make the determination described in such paragraph, the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the insufficiency of the facts.

``(B)(i) If a medical facility finds in making a determination under paragraph (1) that the facility possesses no information on whether the victim involved has an infectious disease included on the list under section 2695(a), the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the insufficiency of such medical information.

``(ii) If after making a response under clause (i) a medical facility determines that the victim involved has an infectious disease, the medical facility shall make the determination described in paragraph (1) and provide the applicable response specified in this subsection.

``(e) Time for Making Response.--After receiving a request under subsection (c) (including any such request resubmitted under subsection (g)(2)), a medical facility shall make the applicable response specified in subsection (d) as soon as is practicable, but not later than 48 hours after receiving the request.

``(f) Death of Victim of Emergency.--

``(1) Facility ascertaining cause of death.--If a victim described in subsection (a) dies at or before reaching the medical

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facility involved, and the medical facility receives a request under subsection (c), the medical facility shall provide a copy of the request to the medical facility ascertaining the cause of death of the victim, if such facility is a different medical facility than the facility that received the original request.

``(2) Responsibility of facility. <<NOTE: Applicability.>> --Upon the receipt of a copy of a request for purposes of paragraph (1), the duties otherwise established in this part regarding medical facilities shall apply to the medical facility ascertaining the cause of death of the victim in the same manner and to the same extent as such duties apply to the medical facility originally receiving the request.

``(g) Assistance of Public Health Officer.--

``(1) Evaluation of response of medical facility regarding insufficient facts.--

``(A) In the case of a request under subsection (c) to which a medical facility has made the response specified in subsection (d)(4)(A) regarding the insufficiency of facts, the public health officer for the community in which the medical facility is located shall evaluate the request and the response, if the designated officer involved submits such documents to the officer with the request that the officer make such an evaluation.

``(B) <<NOTE: Deadline.>> As soon as is practicable after a public health officer receives a request under subparagraph (A), but not later than 48 hours after receipt of the request, the public health officer shall complete the evaluation required in such paragraph and inform the designated officer of the results of the evaluation.

``(2) Findings of evaluation.--

``(A) If an evaluation under paragraph (1)(A) indicates that the facts provided to the medical facility pursuant to subsection (c) were sufficient for purposes of determinations under subsection (d)(1)--

``(i) the public health officer shall, on behalf of the designated officer involved, resubmit the request to the medical facility; and

``(ii) the medical facility shall provide to the designated officer the applicable response specified in subsection (d).

``(B) If an evaluation under paragraph (1)(A) indicates that the facts provided in the request to the medical facility were insufficient for purposes of determinations specified in subsection (c)--

``(i) the public health officer shall provide advice to the designated officer regarding the collection and description of appropriate facts; and

``(ii) if sufficient facts are obtained by the designated officer--

``(I) the public health officer shall, on behalf of the designated officer involved, resubmit the request to the medical facility; and

``(II) the medical facility shall provide to the designated officer the appropriate response under subsection (c).

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``SEC. 2695C. <<NOTE: 42 USC 300ff-134.>> PROCEDURES FOR NOTIFICATION OF EXPOSURE.

``(a) Contents of Notification to Officer.--In making a notification required under section 2695A or section 2695B(d)(2), a medical facility shall provide--

``(1) the name of the infectious disease involved; and

``(2) the date on which the victim of the emergency involved was transported by emergency response employees to the medical

facility involved.

``(b) Manner of Notification.--If a notification under section 2695A or section 2695B(d)(2) is mailed or otherwise indirectly made--

``(1) the medical facility sending the notification shall, upon sending the notification, inform the designated officer to whom the notification is sent of the fact that the notification has been sent; and

``(2) <<NOTE: Deadline.>> such designated officer shall, not later than 10 days after being informed by the medical facility that the notification has been sent, inform such medical facility whether the designated officer has received the notification.

``SEC. 2695D. <<NOTE: 42 USC 300ff-135.>> NOTIFICATION OF EMPLOYEE.

``(a) In General.--After receiving a notification for purposes of section 2695A or 2695B(d)(2), a designated officer of emergency response employees shall, to the extent practicable, immediately notify each of such employees who--

``(1) responded to the emergency involved; and

``(2) as indicated by guidelines developed by the Secretary, may have been exposed to an infectious disease.

``(b) Certain Contents of Notification to Employee.--A notification under this subsection to an emergency response employee shall inform the employee of--

``(1) the fact that the employee may have been exposed to an infectious disease and the name of the disease involved;

``(2) any action by the employee that, as indicated by guidelines developed by the Secretary, is medically appropriate; and

``(3) if medically appropriate under such criteria, the date of such emergency.

``(c) Responses Other Than Notification of Exposure.--After receiving a response under paragraph (3) or (4) of subsection (d) of section 2695B, or a response under subsection (g)(1) of such section, the designated officer for the employee shall, to the extent practicable, immediately inform the employee of the response.

``SEC. 2695E. <<NOTE: 42 USC 300ff-136.>> SELECTION OF DESIGNATED OFFICERS.

``(a) In General.--For the purposes of receiving notifications and responses and making requests under this part on behalf of emergency response employees, the public health officer of each State shall designate 1 official or officer of each employer of emergency response employees in the State.

``(b) Preference in Making Designations.--In making the designations required in subsection (a), a public health officer shall give preference to individuals who are trained in the provision of health care or in the control of infectious diseases.

``SEC. 2695F. <<NOTE: Applicability. Time period. 42 USC 300ff-137.>> LIMITATION WITH RESPECT TO DUTIES OF MEDICAL FACILITIES.

``The duties established in this part for a medical facility--

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``(1) shall apply only to medical information possessed by

the facility during the period in which the facility is treating the victim for conditions arising from the emergency, or during the 60-day period beginning on the date on which the victim is transported by emergency response employees to the facility, whichever period expires first; and

((2) shall not apply to any extent after the expiration of the 30-day period beginning on the expiration of the applicable period referred to in paragraph (1), except that such duties shall apply with respect to any request under section 2695B(c) received by a medical facility before the expiration of such 30-day period.

SEC. 2695G. <<NOTE: 42 USC 300ff-138.>> MISCELLANEOUS PROVISIONS.

((a) Liability of Medical Facilities, Designated Officers, Public Health Officers, and Governing Entities.--This part may not be construed to authorize any cause of action for damages or any civil penalty against any medical facility, any designated officer, any other public health officer, or any governing entity of such facility or officer for failure to comply with the duties established in this part.

((b) Testing.--This part may not, with respect to victims of emergencies, be construed to authorize or require a medical facility to test any such victim for any infectious disease.

((c) Confidentiality.--This part may not be construed to authorize or require any medical facility, any designated officer of emergency response employees, or any such employee, to disclose identifying information with respect to a victim of an emergency or with respect to an emergency response employee.

((d) Failure To Provide Emergency Services.--This part may not be construed to authorize any emergency response employee to fail to respond, or to deny services, to any victim of an emergency.

((e) Notification and Reporting Deadlines.--In any case in which the Secretary determines that, wholly or partially as a result of a public health emergency that has been determined pursuant to section 319(a), individuals or public or private entities are unable to comply with the requirements of this part, the Secretary may, notwithstanding any other provision of law, temporarily suspend, in whole or in part, the requirements of this part as the circumstances reasonably require. <<NOTE: Federal Register, publication. Notice.>> Before or promptly after such a suspension, the Secretary shall notify the Congress of such action and publish in the Federal Register a notice of the suspension.

((f) Continued Application of State and Local Law.--Nothing in this part shall be construed to limit the application of State or local laws that require the provision of data to public health authorities.

SEC. 2695H. <<NOTE: 42 USC 300ff-139.>> INJUNCTIONS REGARDING VIOLATION OF PROHIBITION.

((a) In General.--The Secretary may, in any court of competent jurisdiction, commence a civil action for the purpose of obtaining temporary or permanent injunctive relief with respect to any violation of this part.

((b) <<NOTE: Administrative process.>> Facilitation of Information on Violations.--The Secretary shall establish an administrative process for encouraging

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emergency response employees to provide information to the Secretary regarding violations of this part. As appropriate, the Secretary shall

investigate alleged such violations and seek appropriate injunctive relief.

SEC. 2695I. <<NOTE: 42 USC 300ff-140.>> APPLICABILITY OF PART.

This part shall not apply in a State if the chief executive officer of the State certifies to the Secretary that the law of the State is substantially consistent with this part."

Approved October 30, 2009.

LEGISLATIVE HISTORY--S. 1793 (H.R. 3792):

HOUSE REPORTS: No. 111-305 (Comm. on Energy and Commerce) accompanying H.R. 3792.

CONGRESSIONAL RECORD, Vol. 155 (2009):

Oct. 19, considered and passed Senate.

Oct. 21, considered and passed House.

DAILY COMPILATION OF PRESIDENTIAL DOCUMENTS (2009):

Oct. 30, Presidential remarks.

<all>

EXHIBIT G to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR"

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

CONTRACTOR agrees to comply with 45 CFR Part 76.100 (Code of Federal Regulations), which provides that federal funds may not be used for any contracted services, if CONTRACTOR is debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.

I (We) certify to the best of my (our) knowledge and belief, that CONTRACTOR named below and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
2. Have not within a three (3)-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three (3)-year period preceding this application/proposal/agreement had one or more public transactions (Federal, State, or local) terminated for cause or default.
5. Shall notify COUNTY within ten (10) days of receipt of notification that CONTRACTOR is subject to any proposed or pending debarment, suspension, indictments or termination of a public transaction.
6. Shall obtain a certification regarding debarment and suspension from all its subcontractors that will be funded through this Agreement.
7. Hereby agree to terminate immediately, any subcontractor's services that will be/are funded through this Agreement, upon discovery that the subcontractor is ineligible or voluntarily excluded from covered transactions by any federal department or agency.

COUNTY OF EL DORADO

ATTEST: *Terri Daly, Acting*
Clerk of the Board of Supervisors

By *Marcie MacFarland*
DEPUTY

BY: 

DATE: 8/21/12

ATTACHMENT A
PART A – RYAN WHITE HIV DENTAL PROGRAM
OPERATIONS MANUAL

I. CRITERIA FOR DENTAL SERVICES UNDER THE PART A RYAN WHITE PROGRAM

This document is a compilation of criteria which apply to dental services. It is designated to provide assistance to dentists treating beneficiaries, in determining service authorization and payment. These criteria are designated to ensure that program funds are spent on services that are medically necessary and are in substantial compliance with the Ryan White HIV Dental Program Policy, and generally accepted standards of dental practice. However, these criteria are but guidelines with which to apply professional judgment in assuring that dental services are appropriate, necessary and of high quality. Professional judgment shall be applied in the determination of benefits and/or payment on the basis of these reliable and valid criteria, evaluation, and interpretation of diagnostic material. Providers and County consultants have established these criteria to standardize the exercise of professional judgment. However, it should be pointed out that this listing does not establish a requirement that consultants must authorize services which meet the criteria listed.

II. REASONABLE AND NECESSARY CONCEPT

- A. Outpatient dental services which are reasonable and necessary for the diagnosis and treatment of dental disease, injury, or defect are covered.
- B. The underlying principle of whether a service is reasonable and necessary is whether or not the requested service or item is in accord with generally accepted standards of dental practice and is indispensable to the oral health of the beneficiary. Treatment shall be granted or reimbursement made only for covered services appropriate to the present adverse condition which has been approved according to program requirements.

III. EMERGENCY DENTAL SERVICES

- A. Within the scope of dental care benefits under the program, emergency dental services may comprise those diverse professional services required in the event of unforeseen medical conditions such as hemorrhage, infection, or trauma. Emergency service shall conform to acceptable standards within our community. Examples of emergency conditions may include, but are not limited to: High risk-to life or minimally disabling conditions, e.g., painful oral-dental infections, pulpal exposures, and fractured teeth.
- B. Possible emergency dental treatment may include, but is not limited to: antibiotics administrations; prescriptions of analgesics or antibiotics; temporary or permanent filling; pulpal treatment, where sedative holding measures are not effective; biopsy; denture adjustment; treatment of evulsed teeth; control of post-operative bleeding; treatment for acute periodontitis.

IV. DENTIST PARTICIPATION INFORMATION

The fee payable to providers is at the negotiated rate, as stated in the provider's contracted fee schedule, for covered services, and attached hereto as Attachment B.

V. PRIOR AUTHORIZATION

- A. Prior authorization by a County representative may be required for dental services including but not limited to endodontic and periodontic treatment, cast partials, castings, dentures, and referrals to outside dental specialty providers (see covered services for specifics).
- B. The cost of hospitalization is not covered. The dental procedures performed during hospitalization will be covered at the same rate specified in the provider's contracted fee schedule. No other hospital related costs are covered.

VI. UNLISTED PROCEDURES (9999)

- A. Complete description of the proposed treatment and the need for service must be documented.
- B. The fee requested must be listed and is subject to review by County representatives.
- C. Non-emergency unlisted procedures require prior authorization.

VII. COVERED PROCEDURES

A. DIAGNOSTIC

PROCEDURE	DESCRIPTION – DIAGNOSTIC
0110	Examination, initial episode of treatment only. Radiographs are covered when taken in compliance with state and federal regulations for radiation hygiene, and when they fully depict subject teeth and associated structures by standard illumination, and are appropriate to the symptoms and conditions of the patient.
0120	Periodic oral examination limited to any two examinations (0110, 0120, 0130) per contract year.
0210	Intraoral, complete series when medically necessary and in accepted standards of dental practice. Limited to once in a three (3) year period.
0230	Intraoral periapical, each additional film (maximum ten films).
0240	Intraoral, occlusal film.
0272	Bitewings, two films. Limited to once per contract year.
0274	Bitewings, four films. Limited to once per contract year.
0330	Panographic-type film, single film. Limited to once every three (3) years.
0470	Diagnostic casts.

B. PREVENTIVE: Covered only when in conjunction with restorative procedures and limited to two (2) times per contract year.

PROCEDURE	DESCRIPTION - PREVENTIVE
1110	Prophylaxis – adult, limited to two (2) times per contract year.
1120	Prophylaxis – child, limited to two (2) times per contract year.
1201	Topical application of fluoride (including prophylaxis) – child.
1203	Topical application of fluoride (prophylaxis not included) – child.
1204	Topical application of fluoride (including prophylaxis) – adult.
1205	Topical application of fluoride (prophylaxis not included) – adult.
1351	Sealant – per tooth, children only.

C. RESTORATIVE DENTISTRY

1. The program provides temporary restoration, amalgam, composite, or plastic restorations for treatment of caries. If the tooth can be restored with such material, any crown or jacket is not covered.
2. Laboratory processed crowns are benefits for permanent anterior teeth and permanent posterior teeth once in a five (5) year period.
3. When a crown is placed on a posterior molar tooth, porcelain, resin and similar materials are optional. An allowance will be made based on the fee for a full metal crown.
4. Authorization may be granted for the lowest cost item or service that meets the patient's medical needs. When acting upon request for approval for laboratory processed crowns, these regulations as well as the overall condition of the mouth, patient's receptivity toward treatment and willingness to comply with maintaining good oral hygiene, oral health status, arch integrity, and prognosis of remaining teeth shall be considered.
5. Laboratory processed crowns may be granted where longevity is essential and a lesser service will not suffice, when extensive coronal destruction is radiographically demonstrated and treatment is beyond intercoronal restoration.
6. Cast or performed posts are covered for devitalized teeth only.
7. Laboratory process crowns on endodontically treated teeth are covered only after satisfactory completion of the root canal therapy.

PROCEDURE	DESCRIPTION - RESTORATIVE DENTISTRY
2110	Amalgam restoration, primary tooth, one surface.
2110	Amalgam restoration, primary tooth, one surface.
2120	Amalgam restoration primary tooth, two surfaces.
2130	Amalgam restoration, primary tooth, three surfaces.
2131	Amalgam restoration, primary tooth, four or more surfaces.
2140	Amalgam restoration, permanent tooth, one surface.
2150	Amalgam restoration, permanent tooth, two surfaces.
2160	Amalgam restoration, permanent tooth, three surfaces.
2161	Amalgam restoration, permanent tooth, four or more surfaces.
2330	Composite restoration, one surface – anterior tooth.
2331	Composite restoration, two surfaces – anterior tooth.
2332	Composite restoration, three surfaces – anterior tooth.
2335	Composite restoration, four or more surfaces or involving incisal angle – anterior.
2750	Crown, porcelain fused to metal (anterior teeth only).
2790	Crown, full case high noble metal.
2910	Re-cement inlay, facing, pontic.
2920	Re-cement crown.
2930	Crown stainless steel, primary.
2931	Crown stainless steel, permanent.
2950	Core buildup, including any pins.
2951	Pin retention (per pin), maximum three pins per tooth.
2952	Cast post and core, in addition to crown.
2954	Prefabricated post and core, in addition to crown.
2970	Temporary crown or stainless steel band.

D. ENDODONTICS – GENERAL POLICIES

1. Includes those procedures when complete root canal filling on permanent teeth:
 - a) Root canal therapy is a covered benefit, if medically necessary – tooth is non-vital. The prognosis of the affected tooth and other remaining teeth will be evaluated in considering root canal therapy.
 - b) Authorization and payment for root canal treatment includes, but is not limited to, any of the following procedures:
 - (1) Any incision and drainage necessary on relation to the root canal therapy.
 - (2) Vitality test.
 - (3) Radiographs required during treatment.
 - (4) Culture.
 - (5) Medicated treatment.
 - (6) Final filling of canals.
 - (7) Final treatment radiographs.
 - c) Necessary retreatment and postoperative care within a 90-day period is included in the reimbursement fee for the root canal therapy.
 - d) Root canal therapy must be completed prior to payment. Date of service on the claim for payment must reflect the final completion date.

2. Emergency root canal treatment may be done when any of the following conditions exist and documentation substantiates the need:
 - a) Failure of a palliative treatment to relieve the acute distress of the patient.
 - b) When a tooth has been accidentally evulsed.
 - c) When there has been a fracture of the crown of a tooth exposing the pulpal tissue.
3. The prognosis of the affected tooth, other remaining teeth, and the type of restorations allowable will be evaluated in considering requested root canal therapy.
4. Extraction may be suggested for a tooth with a fractured root, external or internal resorption, or one that is easily replaced by addition to an existing removable dental appliance.

PROCEDURE	DESCRIPTION - ENDODONTICS
3110	Pulp cap – direct (excluding final restoration).
3120	Pulp cap – indirect (excluding final restoration).
3220	Therapeutic pulpotomy (excluding final restoration).
3310	Anterior root canal therapy (excluding final restoration).
3320	Bicuspid root canal therapy (excluding final restoration).
3330	Molar root canal therapy (excluding final restoration).
3410	Apicoectomy (separate surgical procedure) per tooth: This procedure when there is severe apical curvature, blockage of the canal by calcific deposits, dentinal shavings or pulp chamber debris, and when a canal wall has been perforated or “shelved” during canal enlargement.

E. PERIODONTICS

General Policies: Accepted dental practice indicates that periodontal treatment should use therapeutic measures on an ordered schedule limited to the direct, least invasive measures necessary to achieve the result.

PROCEDURE	DESCRIPTION - PERIODONTICS
4210	Gingivectomy or gingivoplasty – per quadrant.
4211	Gingivectomy or gingivoplasty, treatment per tooth (fewer than six teeth): May be authorized when an isolated pocket has not responded to conservative treatment.
4220	Gingival curettage, surgical, per quadrant, by report.
4240	Gingival flap procedure, including root planning – per quadrant.
4341	Subgingival curettage and root planning, per treatment: Root planing includes the removal of calculus deposits on the tooth and root, the smoothing of the root and surface; subgingival curettage – the removal of granulation tissue and pocket lining epithelium. Treatment is limited to those areas requiring immediate attention.
4910	Periodontal maintenance procedures (following active therapy).

F. PROSTHETICS - REMOVABLE

1. Full dentures are covered when medically necessary using standard procedures which exclude precision attachments, implants or other specialized techniques. These services are covered only once in a five year period
 - a) Prevent a significant disability.
 - b) Replace a covered removable dental prosthesis which has been lost or destroyed due to circumstances beyond the beneficiary’s control.
2. Request for the extraction of all remaining teeth in preparation for complete immediate dentures and the immediate full dentures following full mouth extractions (both anterior and posterior) is a covered benefit.

3. Construction of new dentures shall not be authorized if conditions including but not limited to the following exist:
 - a) It would be impossible or highly improbable for a beneficiary to adjust to a new prosthetic appliance. This is particularly applicable in those cases where the patient has been without dentures for an extended period of time or where the beneficiary may exhibit a poor adaptability due to psychological and/or motor deficiencies.
 - b) The dental history shows that any or all dentures made in recent years have been unsatisfactory for reasons that are not remediable (psychological).
 - c) Repair, relining, or reconstruction of the recipient's present denture will make it serviceable.
 - d) The denture, in the patient's opinion only, is loose or ill-fitting but is recently enough constructed to indicate deficiencies limited to those inherent in all dentures.
 - e) Where the request for the denture(s) is primarily cosmetic, the authorization shall be denied.
 - f) The patient has been without dentures for at least five (5) years and is currently functioning without dentures.
4. Immediate dentures may be authorized when conditions including but not limited to the following exist:
 - a) Extensive or rampant caries are exhibited.
 - b) Severe periodontal involvement is indicated.
 - (1) When the clinical exam shows excessive mobility and severe gingivitis.
 - (2) When tooth mobility is not grossly evident and when the gingival tissues are not severely involved, consideration should be given to a more conservative treatment and denture request denied.
 - c) Numerous teeth are missing and masticating ability has been diminished.
 - (1) Where there is not capability of any posterior occlusion with existing dentition.
 - (2) When a functional, although minimal, occlusion exists, the urgent need for prosthesis should be carefully evaluated.
5. Requests for replacement dentures shall include adequate supportive documentation and shall be preauthorized. Replacement dentures may be authorized more often than once in a five (5) year period when:
 - a) Catastrophic loss of denture.
 - b) Surgical or traumatic loss of oral-facial anatomic structures.
 - c) Replacement of existing dentures.
 - (1) When there has been a complete deterioration of the denture base or teeth.
 - (2) When there has been a complete loss of retentive ability, vertical dimension, or balanced occlusion of existing dentures.
6. Requests for dentures for the long-standing edentulous patient will be denied.
7. A removable Partial denture is covered when necessary for the replacement of anterior teeth only.
8. A covered removable partial denture may be authorized only once in a five (5) year period except to:
 - (1) Prevent a significant disability.
 - (2) Replace a covered removable dental prosthesis which has been lost or destroyed due to circumstances beyond the beneficiary's control.

PROCEDURE	DESCRIPTION - PROSTHETICS - REMOVABLE
5110	Complete denture - maxillary.
5120	Complete denture - mandibular.
5130	Immediate denture - maxillary.
5140	Immediate denture - mandibular.
5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth).
5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth).

5213	Maxillary partial denture – predominantly base metal (including any conventional clasps, rests and teeth).
5214	Mandibular partial denture – predominantly base metal (including any conventional clasps, rests and teeth).
5410	Denture adjustment – maxillary denture.
5411	Denture adjustment – mandibular denture.
5421	Denture adjustment – maxillary partial.
5422	Denture adjustment – mandibular partial.
5510	Repair broken denture base only (complete or partial).
5520	Replace broken denture teeth only.
5610	Repair resin denture base.
5620	Repair cast framework.
5630	Repair or replace clasp.
5640	Replace broken teeth – per tooth
5650	Add tooth to partial denture to replace newly extracted natural tooth.
5660	Add clasp to existing partial denture.
5710	Rebase complete maxillary denture.
5711	Rebase complete mandibular denture.
5720	Rebase maxillary partial denture.
5721	Rebase mandibular partial denture.
5730	Reline complete maxillary denture – chairside.
5731	Reline complete mandibular denture – chairside.
5740	Reline partial maxillary denture – chairside.
5741	Reline partial mandibular denture – chairside.
5750	Reline complete maxillary denture – lab.
5751	Reline complete mandibular denture – lab.
5760	Reline partial maxillary denture – lab.
5761	Reline partial mandibular denture – lab.
5810	Interim complete denture (maxillary).
5811	Interim complete denture (mandibular).
5820	Interim partial denture (maxillary).
5821	Interim partial denture (mandibular).
5850	Tissue conditioning – maxillary.
5851	Tissue conditioning – mandibular.

G. PROSTHETICS - FIXED

PROCEDURE	DESCRIPTION - PROSTHETICS - FIXED
6210	Pontic-cast with high noble metal.
6240	Pontic-porcelain with high noble metal.
6250	Pontic-resin with high noble metal.
6750	Bridge crown-porcelain with high noble metal.
6790	Bridge crown-full case with high noble metal.
6930	Re-cement bridge.

6940	Stress breaker.
6970	Cast post and core in addition to bridge crown (endodontically treated tooth).
6971	Cast post as part of bridge crown.
6972	Prefabricated post and core in addition to bridge crown (endodontically treated tooth).
6980	Repair fixed bridge.
6999	Unspecified fixed prosthodontic procedure, by report.

H. ORAL SURGERY

EXTRACTIONS – GENERAL POLICIES

1. Diagnostic x-rays fully depicting subject tooth (teeth) are usually required for all intraoral surgical procedures. (See specific procedure code for details)
2. The extraction of asymptomatic teeth is not a benefit.
3. The following instances may be justified as being symptomatic:
 - a) Teeth which are involved with a cyst, tumor, or neoplasm.
 - b) The extraction of all remaining teeth in preparation for a full prosthesis.
 - c) A malaligned tooth that causes intermittent gingival inflammation.
 - d) Perceptible radiologic pathology that fails to elicit symptoms.
4. By report procedures may be used when the provider has encountered unforeseen complications which are not usually considered normal to the particular procedure listed.

PROCEDURE	DESCRIPTION – ORAL SURGERY
7110	Removal of erupted tooth, uncomplicated, first tooth
7120	Removal of erupted tooth (teeth), uncomplicated, each additional tooth.
7130	Removal of root or root tip.
7210	Removal of erupted tooth, surgical.
7220	Removal of impacted tooth – soft tissue: Removal of any permanent tooth by the open method which may or may not include removal of bone in those cases where the major portion of all of the crown of the tooth was covered by mucogingival tissue and not alveolar bone.
7230	Removal of impacted tooth – partially bony.
7240	Removal of impacted tooth – totally bony: Removal of any tooth by the open method where it is necessary to expose any portion of the crown of the tooth by removal of alveolar bone.
7250	Surgical removal of residual tooth roots (cutting procedure).
7285	Biopsy and pathology reports of oral tissue – hard: Refer to oral surgeon.
7286	Biopsy and pathology reports of oral tissue – soft: Refer to oral surgeon.
7310	Alveolectomy (Alveoloplasty): Is a collective term for the operation by which the shape and condition of the alveolar process is improved for preservation of the residual bone.
7430	Excision of benign tumor – lesion diameter up to 1.25 cm.
7431	Excision of benign tumor – lesion diameter greater than 1.25 cm.
7440	Excision of malignant tumor – lesion diameter up to 1.25 cm.
7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm.
7465	Destruction of lesion(s) by physical or chemical methods, by report.
7510	Incision and drainage of abscess, intraoral soft tissue.
7520	Incision and drainage of abscess, extraoral soft tissue.
7550	Sequestrectomy for osteomyelitis or bone abscess, superficial.

7970	Excision of hyperplastic tissue, per arch: A benefit when inflammatory hyperplastic tissue interferes with normal use of function of a prosthetic appliance.
7971	Excision pericoronar gingiva, operculectomy.

I. ADJUNCTIVE GENERAL SERVICES

1. Must be pre-authorized. Claim must be accompanied by documentation from primary care physician as to the medical necessity.
2. General anesthesia as used for dental pain control means the elimination of all sensation accompanied by a state of unconsciousness.
3. Office (outpatient) general anesthesia may be payable when the provider indicates local anesthesia is contraindicated.

PROCEDURE	DESCRIPTION – ADJUNCTIVE GENERAL SERVICES
9110	Emergency treatment, palliative, per visit.
9220	General anesthesia – first thirty (30) minutes.
9221	General anesthesia – each additional 15 minutes.
9430	Office visit during regular office hours for treatment and/or observation of teeth and supporting structures.
9440	Professional visit after regular office hours or to bedside.
9930	Post-operative visit, complications (post surgical e.g., osteitis).
9940	Occlusal guard, by report.
9951	Occlusal adjustment – limited.
9952	Occlusal adjustment – complete.

J. UNLISTED PROCEDURES

PROCEDURE	DESCRIPTION – UNLISTED PROCEDURES
9999	Unlisted procedures; requires definition and requires prior authorization by County for non-emergency procedures.

VIII. NOT COVERED PROCEDURES

The following are not benefits under the program:

A. DIAGNOSTIC and PREVENTIVE

Preventive control program, including fissure sealant, prophylactic fillings, oral hygiene instruction, dietary instruction and prophylaxis when not in conjunction with restorative treatment. (Prophy's can be obtained at Sacramento City College Dental Hygiene Department).

B. ORAL SURGERY

1. Experimental procedures.
2. Asymptomatic extractions.
3. Surgical correction of the maxilla and mandible by grafts for denture retention.
4. Surgical treatment of temporomandibular joint disturbances.
5. Surgical treatment of prognathism or retrognathism.
6. Surgical treatment to correct congenital or developmental malformation.

C. PRESCRIBED DRUGS – Reimbursement for prescription drugs is not covered unless there is no other payor source and is limited to only those drugs that are currently prescribed by the dental community for dental related needs.

D. ORTHODONTIC SERVICES

E. RESTORATIVE DENTISTRY

1. Full mouth reconstruction procedure.
2. Cosmetic procedure and restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore or maintain occlusion. These include:
 - a) Increasing vertical dimension.
 - b) Replacing or stabilizing tooth structure loss by attrition.
 - c) Realignment of teeth.
 - d) Periodontal splinting.
 - e) Gnathologic recordings.
 - f) Equilibration.
 - g) Surgical treatment of disturbances of temporomandibular joint.
 - h) Services for the surgical treatment of prognathism or retrognathism.
 - i) Treatment of incipient or non-active caries as demonstrated radiographically.

F. PROSTHETICS

1. The program provides for replacement of missing teeth with full dentures or partials using standard procedures, when "medically necessary" by the dentist. A service is "medically necessary" or is a "medical necessity" when it is reasonable to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
2. Medically necessary dentures or partials must be preauthorized and are limited to once in a five (5) year period, unless rendered totally unfunctionable and not repairable.
3. Treatment involving the following is not covered:
 - a) Specialized techniques
 - b) Precious metal for removable appliances
 - c) Overlays, implants and associated appliances
 - d) Personalization or characterization

COUNTY OF SACRAMENTO COST REIMBURSEMENT AGREEMENT NO. 7207500-13/15-709

ATTACHMENT B

Sacramento TGA Oral Health Care Fee Schedule

Rate = \$115 Per Unit of Service

CODE	DESCRIPTION	Units of Service	FEE
00110	Initial oral examination	0.4	\$46.00
00120	Periodic oral examination	0.3	\$34.50
00210	Intraoral-complete series (including bitewings)	0.7	\$80.50
00220	Intraoral-periapical-first film	0.2	\$23.00
00230	Intraoral-periapical-each additional film	0.1	\$11.50
00240	Intraoral-occlusal film	0.3	\$34.50
00270	Bitewing-single film	0.2	\$23.00
00272	Bitewing-two films	0.3	\$34.50
00274	Bitewing-four films	0.4	\$46.00
00330	Panoramic film	0.6	\$69.00
00470	Diagnostic casts	0.6	\$69.00
01110	Prophylaxis-adult	0.6	\$69.00
01120	Prophylaxis-child	0.5	\$57.50
01201	Topical application of fluoride (including prophylaxis)-child	0.6	\$69.00
01203	Topical application of fluoride (prophylaxis not included)-child	0.2	\$23.00
01204	Topical application of fluoride (prophylaxis not included)-adult	0.3	\$34.50
01205	Topical application of fluoride (including prophylaxis)-adult	0.7	\$80.50
01351	Sealant-per tooth	0.3	\$34.50
02110	Amalgam-one surface, primary	0.6	\$69.00
02120	Amalgam-two surfaces, primary	0.7	\$80.50
02130	Amalgam-three surfaces, primary	0.9	\$103.50
02131	Amalgam-four or more surfaces, primary	1.0	\$115.00
02140	Amalgam-one surface, permanent	0.7	\$80.50
02150	Amalgam-two surfaces, permanent	0.9	\$103.50
02160	Amalgam-three surfaces, permanent	1.0	\$115.00
02161	Amalgam-four or more surfaces, permanent	1.2	\$138.00
02330	Resin-one surface, anterior	0.9	\$103.50
02331	Resin-two surfaces, anterior	1.0	\$115.00
02332	Resin-three surfaces, anterior	1.2	\$138.00
02335	Resin-four or more surfaces or involving incisal angle (anterior)	1.7	\$195.50
02750	Crown-porcelain fused to high noble metal	7.8	\$897.00
02751	Crown-porcelain fused to predominantly base metal	6.7	\$770.50
02752	Crown-porcelain fused to noble metal	7.1	\$816.50
02790	Crown-full cast high noble metal	7.0	\$805.00
02791	Crown-full cast predominantly base metal	6.1	\$701.50

ATTACHMENT B

Sacramento TGA Oral Health Care Fee Schedule

Rate = \$115 Per Unit of Service

CODE	DESCRIPTION	Units of Service	FEE
02792	Crown-full cast noble metal	7.0	\$805.00
02910	Recement inlay	0.8	\$92.00
02920	Recement crown	0.8	\$92.00
02930	Prefabricated stainless steel crown - primary tooth	1.8	\$207.00
02931	Prefabricated stainless steel crown - permanent tooth	2.1	\$241.50
02950	Core buildup, including any pins	1.3	\$149.50
02951	Pin retention-per tooth, in addition to restoration	0.4	\$46.00
02952	Cast post and core in addition to crown	2.1	\$241.50
02954	Prefabricated post and core in addition to crown	1.9	\$218.50
02970	Temporary crown (fractured tooth)	1.1	\$126.50
02980	Crown repair, by report	2.8	\$322.00
03110	Pulp cap-direct (excluding final restoration)	0.4	\$46.00
03120	Pulp cap-indirect (excluding final restoration)	0.6	\$69.00
03220	Therapeutic pulpotomy (excluding final restoration)	0.8	\$92.00
03310	Anterior root canal (excluding final restoration)	4.1	\$471.50
03320	Bicuspid root canal (excluding final restoration)	4.4	\$506.00
03330	Molar root canal (excluding final restoration)	5.9	\$678.50
03410	Apicoectomy/Periradicular surgery- anterior	3.4	\$391.00
04210	Gingivectomy or gingivoplasty-per quadrant	3.0	\$345.00
04211	Gingivectomy or gingivoplasty-per tooth	0.8	\$92.00
04220	Gingival curettage, surgical, per quadrant, by report	1.5	\$172.50
04240	Gingival flap procedure, including root planing- per quadrant	3.6	\$414.00
04341	Periodontal scaling and root planing per quad	1.4	\$161.00
04910	Periodontal maintenance procedure (following active therapy)	0.8	\$92.00
05110	Complete denture - maxillary	8.1	\$931.50
05120	Complete denture - mandibular	8.1	\$931.50
05130	Immediate denture - maxillary	8.4	\$966.00
05140	Immediate denture - mandibular	8.4	\$966.00
05211	Maxillary partial denture-resin base (including clasps, rests, teeth)	7.1	\$816.50
05212	Mandibular partial denture-resin base (including clasps, rests, teeth)	7.1	\$816.50
05213	Maxillary partial denture-cast metal framework (including clasps, rests, teeth)	9.2	\$1,058.00
05214	Mandibular partial denture - cast metal framework (including clasps, rests, teeth)	9.8	\$1,127.00
05410	Adjust complete denture - maxillary	0.5	\$57.50
05411	Adjust complete denture - mandibular	0.5	\$57.50
05421	Adjust partial denture - maxillary	0.5	\$57.50
05422	Adjust partial denture - mandibular	0.5	\$57.50
05510	Repair broken complete denture base	1.0	\$115.00

ATTACHMENT B**Sacramento TGA Oral Health Care Fee Schedule****Rate = \$115 Per Unit of Service**

CODE	DESCRIPTION	Units of Service	FEE
05520	Replace missing or broken teeth-complete denture (each tooth)	0.9	\$103.50
05610	Repair resin denture base	1.0	\$115.00
05620	Repair cast framework	1.5	\$172.50
05630	Repair or replace broken clasp	1.5	\$172.50
05640	Replace broken teeth-per tooth	0.9	\$103.50
05650	Add tooth to existing partial denture	1.4	\$161.00
05660	Add clasp to existing partial denture	1.8	\$207.00
05710	Rebase complete maxillary denture	3.4	\$391.00
05711	Rebase complete mandibular denture	3.4	\$391.00
05720	Rebase maxillary partial denture	3.4	\$391.00
05721	Rebase mandibular partial denture	3.5	\$402.50
05730	Reline complete maxillary denture (chairside)	1.7	\$195.50
05731	Reline complete mandibular denture (chairside)	1.7	\$195.50
05740	Reline maxillary partial denture (chairside)	1.7	\$195.50
05741	Reline mandibular partial denture (chairside)	1.7	\$195.50
05750	Reline complete maxillary denture (laboratory)	2.6	\$299.00
05751	Reline complete mandibular denture (laboratory)	2.5	\$287.50
05760	Reline maxillary partial denture (laboratory)	2.5	\$287.50
05761	Reline mandibular partial denture (laboratory)	2.5	\$287.50
05810	Interim complete denture (maxillary)	4.3	\$494.50
05811	Interim complete denture (mandibular)	4.3	\$494.50
05820	Interim partial denture (maxillary)	3.7	\$425.50
05821	Interim partial denture (mandibular)	3.7	\$425.50
05850	Tissue conditioning (maxillary)	1.0	\$115.00
05851	Tissue conditioning (mandibular)	1.0	\$115.00
06210	Pontic-cast high noble metal	7.0	\$805.00
06211	Pontic-cast predominantly base metal	6.1	\$701.50
06212	Pontic-cast noble metal	6.7	\$770.50
06240	Pontic-porcelain fused to high noble metal	7.9	\$908.50
06241	Pontic-porcelain fused to predominantly base metal	6.7	\$770.50
06242	Pontic-porcelain fused to noble metal	7.0	\$805.00
06750	Crown-porcelain fused to high noble metal	7.9	\$908.50
06751	Crown-porcelain fused to predominantly base metal	6.6	\$759.00
06752	Crown-porcelain fused to noble metal	7.0	\$805.00
06790	Crown-full cast high noble metal	7.1	\$816.50
06791	Crown-full cast predominantly base metal	6.3	\$724.50
06792	Crown-full cast noble metal	7.0	\$805.00

ATTACHMENT B

Sacramento TGA Oral Health Care Fee Schedule

Rate = \$115 Per Unit of Service

CODE	DESCRIPTION	Units of Service	FEE
06930	Recement fixed partial denture	1.0	\$115.00
06940	Stress breaker	2.6	\$299.00
06970	Cast post and core in addition to fixed partial denture retainer	2.9	\$333.50
06971	Cast post and core as part of a fixed partial denture retainer	2.9	\$333.50
06972	Prefabricated post and core in addition to fixed partial denture retainer	2.3	\$264.50
06973	Core build up for retainer, including any pins	1.8	\$207.00
06980	Fixed partial denture repair, by report	5.5	\$632.50
07110	Single tooth extraction	0.8	\$92.00
07120	Each additional tooth extraction	0.8	\$92.00
07130	Root removal-exposed roots	1.0	\$115.00
07210	Surgical removal of erupted tooth requiring elevation of flap and/or removal of bone	1.3	\$149.50
07220	Removal of impacted tooth-soft tissue	1.5	\$172.50
07230	Removal of impacted tooth-partial bony	2.0	\$230.00
07240	Removal of impacted tooth-complete bony	3.0	\$345.00
07250	Surgical removal of residual tooth roots (cutting procedure)	1.4	\$161.00
07285	Biopsy of oral tissue-hard	2.0	\$230.00
07286	Biopsy of oral tissue-soft	1.5	\$172.50
07310	Alveoloplasty in conjunction with extractions-per quadrant	1.3	\$149.50
07311	Alveoloplasty not in conjunction with extractions-per quadrant	1.3	\$149.50
07430	Excision of benign tumor-lesion diameter up to 1.25 cm	1.4	\$161.00
07431	Excision of benign tumor-lesion diameter greater than 1.25 cm	2.0	\$230.00
07440	Excision of malignant tumor-lesion diameter up to 1.25 cm	2.9	\$333.50
07441	Excision of malignant tumor-lesion diameter greater than 1.25 cm	4.8	\$552.00
07465	Destruction of lesion(s) by physical or chemical methods, by report	2.3	\$264.50
07510	Incision and drainage of abscess-intraoral soft tissue	0.8	\$92.00
07520	Incision and drainage of abscess-extraoral soft tissue	2.1	\$241.50
07550	Sequestrectomy for osteomyelitis	2.9	\$333.50
07970	Excision of hyperplastic tissue-per arch	2.3	\$264.50
07971	Excision of pericoronal gingiva	0.9	\$103.50
09110	Palliative (emergency) treatment of dental pain-minor procedure	0.7	\$80.50
09430	Office visit for observation (during office hours, no other service performed)	0.4	\$46.00
09440	Office visit after regularly scheduled hours	1.0	\$115.00
09930	Treatment of complication (post surgical) unusual circumstances, by report	0.4	\$46.00
09940	Occlusal guard, by report	3.8	\$437.00
09951	Occlusal adjustment-limited	1.0	\$115.00
09952	Occlusal adjustment-complete	3.8	\$437.00
09999	Unspecified adjunctive procedure, by report		\$0.00

**County of Sacramento
Department of Health and Human Services
Ryan White Program
CONTRACTOR BUDGET**

Contractor: County of El Dorado
Contract Number: 7207500-13/15-709
Budget Term: July 1, 2012 through June 30, 2015

Effective Date: 7/1/2012
Contractor Budget Version#: 1

Service Type	Service Code	Unit Description	Unit Rate	Unduplicated Clients	Units of Service	7/1/12 - 2/28/13 TOTAL
Transportation Svcs.	11025	1 vendor paid transportation dollar	\$ 1.10	33.00	3,010.00	\$ 3,311
Oral Health Care	02002	1 vendor paid dollar for dental visit	\$ 1.10	3.00	142.73	\$ 157
Mental Health	03045	1 vendor paid adult individual - psychological	\$ 1.10	2.00	684.55	\$ 753
Emergency Financial Assistance	11029	1 other critical need dollar	\$ 1.10	30.00	1,278.18	\$ 1,406
Ambulatory Care	01008	1 vendor paid dollar for primary care visit w/HCP	\$ 1.10	20.00	665.45	\$ 732
	01009	1 vendor paid dollar for speciality care visit w/HCP	\$ 1.10	1.00	54.55	\$ 60
	01010	1 vendor paid dollar for lab visit	\$ 1.10	2.00	239.09	\$ 263
Case Management	14020	1 15 min Field-based face-to-face encounter	\$ 16.75	35.00	4,391.34	\$ 73,555
	14021	1 15-min Field-based other encounter	\$ 16.75	35.00	1,463.76	\$ 24,518
7/1/12 - 2/28/13 TOTAL						\$ 104,755

Service Type	Service Code	Unit Description	Unit Rate	Unduplicated Clients	Units of Service	3/1/13 - 2/28/14 BUDGET
Transportation Svcs.	11025	1 vendor paid transportation dollar	\$ 1.10	33.00	4,196.36	\$ 4,616
Oral Health Care	02002	1 vendor paid dollar for dental visit	\$ 1.10	3.00	1,136.36	\$ 1,250
Mental Health	03045	1 vendor paid adult individual - psychological	\$ 1.10	2.00	1,275.45	\$ 1,403
Emergency Financial Assistance	11029	1 other critical need dollar	\$ 1.10	30.00	4,545.45	\$ 5,000
Ambulatory Care	01008	1 vendor paid dollar for primary care visit w/HCP	\$ 1.10	20.00	2,594.55	\$ 2,854
	01009	1 vendor paid dollar for speciality care visit w/HCP	\$ 1.10	1.00	109.09	\$ 120
	01010	1 vendor paid dollar for lab visit	\$ 1.10	2.00	478.18	\$ 526
Case Management	14020	1 15 min Field-based face-to-face encounter	\$ 16.75	35.00	7,269.07	\$ 121,757
	14021	1 15-min Field-based other encounter	\$ 16.75	35.00	1,194.03	\$ 20,000
3/1/13 - 2/28/14 TOTAL						\$ 157,526

Service Type	Service Code	Unit Description	Unit Rate	Unduplicated Clients	Units of Service	3/1/14 - 2/28/15 BUDGET
Transportation Svcs.	11025	1 vendor paid transportation dollar	\$ 1.10	33.00	4,196.36	\$ 4,616
Oral Health Care	02002	1 vendor paid dollar for dental visit	\$ 1.10	3.00	1,136.36	\$ 1,250
Mental Health	03045	1 vendor paid adult individual - psychological	\$ 1.10	2.00	1,275.45	\$ 1,403
Emergency Financial Assistance	11029	1 other critical need dollar	\$ 1.10	30.00	4,545.45	\$ 5,000
Ambulatory Care	01008	1 vendor paid dollar for primary care visit w/HCP	\$ 1.10	20.00	2,594.55	\$ 2,854
	01009	1 vendor paid dollar for speciality care visit w/HCP	\$ 1.10	1.00	109.09	\$ 120
	01010	1 vendor paid dollar for lab visit	\$ 1.10	2.00	478.18	\$ 526
Case Management	14020	1 15 min Field-based face-to-face encounter	\$ 16.75	35.00	7,269.07	\$ 121,757
	14021	1 15-min Field-based other encounter	\$ 16.75	35.00	1,194.03	\$ 20,000
3/1/14 - 2/28/15 TOTAL						\$ 157,526

Ryan White Program CONTRACTOR BUDGET

Contractor: County of El Dorado
 Contract Number: 7207500-13/15-709
 Budget Term: July 1, 2012 through June 30, 2015

Effective Date: 7/1/2012
 Contractor Budget Version#: 1

Service Type	Service Code	Unit Description	Unit Rate	Unduplicated Clients	Units of Service	3/1/15 - 6/30/15 BUDGET
Transportation Svcs.	11025	1 vendor paid transportation dollar	\$ 1.10	33.00	1,186.36	\$ 1,305
Oral Health Care	02002	1 vendor paid dollar for dental visit	\$ 1.10	3.00	993.64	\$ 1,093
Mental Health	03045	1 vendor paid adult individual - psychological	\$ 1.10	2.00	590.91	\$ 650
Emergency Financial Assistance	11029	1 other critical need dollar	\$ 1.10	30.00	3,267.27	\$ 3,594
Ambulatory Care	01008	1 vendor paid dollar for primary care visit w/HCP	\$ 1.10	20.00	1,929.09	\$ 2,122
	01009	1 vendor paid dollar for speciality care visit w/HCP	\$ 1.10	1.00	54.55	\$ 60
	01010	1 vendor paid dollar for lab visit	\$ 1.10	2.00	239.09	\$ 263
Case Management	14020	1 15 min Field-based face-to-face encounter	\$ 16.75	35.00	2,280.72	\$ 38,202
	14021	1 15-min Field-based other encounter	\$ 16.75	35.00	327.28	\$ 5,482
3/1/15 - 6/30/15 TOTAL						\$ 52,771

GRAND TOTAL \$ 472,578

SCHEDULE OF FEDERAL FUNDS

A.	Catalog of Federal Domestic Assistance (CFDA) number	93.914
	CFDA Title:	HIV Emergency Relief Project Grants
	Award Name and Number:	Part A & MAI, 6 H89HA00048-17-03
	Award Year:	3/1/12 - 2/28/13
	Were funds awarded for research and development activities?	No
	Name of the Federal awarding agency:	Department of Health and Human Services - Health Resources and Services Administration
	Amount in this contract:	\$104,755

B.	Catalog of Federal Domestic Assistance (CFDA) number	93.914
	CFDA Title:	HIV Emergency Relief Project Grants
	Award Name and Number:	Part A & MAI, 6 H89HA00048-18-01
	Award Year:	3/1/13 - 2/28/14
	Were funds awarded for research and development activities?	No
	Name of the Federal awarding agency:	Department of Health and Human Services - Health Resources and Services Administration
	Amount in this contract:	\$157,526

C.	Catalog of Federal Domestic Assistance (CFDA) number	93.914
	CFDA Title:	HIV Emergency Relief Project Grants
	Award Name and Number:	Part A & MAI, 6 H89HA00048-19-01
	Award Year:	3/1/14 - 2/28/15
	Were funds awarded for research and development activities?	No
	Name of the Federal awarding agency:	Department of Health and Human Services - Health Resources and Services Administration
	Amount in this contract:	\$157,526

**Ryan White Program
CONTRACTOR BUDGET**

Contractor: County of El Dorado
Contract Number: 7207500-13/15-709
Budget Term: July 1, 2012 through June 30, 2015

Effective Date: 7/1/2012
Contractor Budget Version#: 1

D.	Catalog of Federal Domestic Assistance (CFDA) number	93.914
	CFDA Title:	HIV Emergency Relief Project Grants
	Award Name and Number:	Part A & MAI, 6 H89HA00048-20-01
	Award Year:	3/1/15 – 2/28/16
	Were funds awarded for research and development activities?	No
	Name of the Federal awarding agency	Department of Health and Human Services - Health Resources and Services Administration
	Amount in this contract:	\$52,771

<p>COUNTY APPROVAL</p> <p>By: <u><i>Tracy L. Bennett</i></u> Date: <u>12/4/2012</u></p> <p>Tracy L. Bennett, Acting Director, Department of Health and Human Services. Approval delegated pursuant to Sacramento County Code Section 2.61.012 (h)</p>	<p>CONTRACTOR APPROVAL</p> <p>By: <u><i>John R. Knight</i></u> Date: <u>8/21/12</u></p> <p>John R. Knight, Chair, El Dorado County Board of Supervisors</p>
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ORIGINAL COPIES TO: Public Health, Contracts Unit, Fiscal, Auditor, Contractor

ATTEST: *Terri Daly*, Acting Clerk of the Board of Supervisors
 By: *Marice MacFarland*
 DEPUTY



Internal Services

Department of Personnel Services

Risk and Loss Control Division

Steven B. Page, Manager

Bradley J. Hudson, County Executive
David Villanueva, Chief Deputy County Executive
David Devine, Department Director

County
of Sacramento

October 31, 2012

Mr. John R. Knight, Chair
County of El Dorado
3057 Briw Road, Suite A
Placerville, CA 95667

RE: Sacramento County, Department of Health & Human Services, Contract No. 7207500-13/15-709

COUNTY OF SACRAMENTO
SELF-INSURANCE CERTIFICATION

To Whom It May Concern:

Please accept this letter as certification that the Self-Insurance Program of the County of Sacramento adequately protects against liability arising from activities related to the specified agreement above between the County of Sacramento, Department of Health & Human Services and El Dorado County for the Ryan White Care Program providing services for people living with HIV.

Sincerely,

Steven B. Page
Manager, Risk and Loss Control Division

cc: Zhana McCullough, County of El Dorado, Contract Analyst
Adrienne Rogers, County of Sacramento, Department of Health & Human Services